MRI
PATIENT HISTORY

PREVIOUS MAMMOGRAM

☐ Yes ☐ No Date: _____ Facility: _____

Could you be Pregnant: ☐ Yes ☐ No Last Period: _____ Hysterectomy: ☐ Yes ☐ No Date: _____

Time of Cycle: _____

Number of Pregnancies: _____ Number of Children: _____

Hormone Therapy: Birth Control Pills: ☐ Yes ☐ No Dates: _____

Hormones: ☐ Yes ☐ No Type: _____ Dates: _____

Family History of Breast Cancer: ☐ Yes ☐ No (Please indicate age, if known)

Grandmother: _____ Mother: _____ Sisters: _____ Daughters: _____ Aunts: _____

REASON FOR MRI (Indicate on diagram below)

Check-up: _____

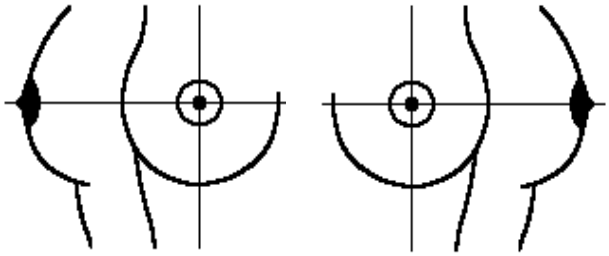
Lumps: ☐ Yes ☐ No Dates: _____

Tenderness: ☐ Yes ☐ No Dates: _____

Injury: ☐ Yes ☐ No Dates: _____

Discharge: ☐ Yes ☐ No ☐ Right ☐ Left

Color: _____ Dates: _____



RIGHT LEFT

BREAST SURGERY HISTORY:

Implants: ☐ Yes ☐ No Dates: _____ Type: _____

Reduction: ☐ Yes ☐ No Dates: _____

Biopsy: ☐ Yes ☐ No ☐ Right ☐ Left Dates: _____

Lumpectomy: ☐ Yes ☐ No ☐ Right ☐ Left Dates: _____

Mastectomy: ☐ Yes ☐ No ☐ Right ☐ Left Dates: _____

Radiation: ☐ Yes ☐ No

Chemotherapy: ☐ Yes ☐ No

PROVIDENCE
Little Company of Mary
Medical Center
San Pedro