Facility: _____

RADNET MANAGEMENT, INC.

History Form

MAM.POL.001
Mammography Manual / Regulatory Affairs
Effective Date: June 1, 2009

MRI BREAST HISTORY

Name: _____ Age:_____ Date:_____

Referring Doctor: _____

Reason for this examination: _____

Have you ever had a Mammogram / US before? ☐Yes ☐ No When? _____ Where?_____

Have you ever had a Breast MRI before? ☐Yes ☐ No When? _____ Where?_____

PHYSICAL CONCERNS			Right	Left	How Long?
Do you feel a lump?	☐Yes	☐ No			
Is this a new finding?	☐Yes	☐ No			
Focal or specific point of pain?	☐Yes	☐ No			
Have you had recent trauma to breast?	☐Yes	☐ No			
Nipple discharge or retraction?	☐Yes	☐ No			
Skin dimpling?	☐Yes	☐ No			

Additional Information:_____

BREAST SURGICAL HISTORY			Right	Left	Month / Year
Previous Breast Cancer	☐Yes	☐ No			
Mastectomy	☐Yes	☐ No			
Lumpectomy (cancer)	☐Yes	☐ No			
Radiation Therapy	☐Yes	☐ No			
Chemotherapy	☐Yes	☐ No			
Biopsy (Needle or Surgical)	☐Yes	☐ No			
Needle Aspiration	☐Yes	☐ No			
Reconstruction/Reduction	☐Yes	☐ No			
Implants or Silicone Injections	☐Yes	☐ No			

Additional Information:_____

GENERAL HISTORY

Are you pregnant? ☐Yes ☐ No

Breast fed within last 4-6 months? ☐Yes ☐ No

Any family history of breast cancer? ☐Yes ☐ No

Which relative?_____ Age?_____

Have you had any other type of cancer? ☐Yes ☐ No

If yes, what kind?_____

Additional Information:_____

MENSTRUAL PERIODS

Menopause? ☐Yes ☐ No

Hysterectomy? ☐Yes ☐ No

Are you taking hormones / birth control pills? ☐Yes ☐ No

If yes, what kind?_____

For how long? _____

OFFICE USE ONLY

Clinical Findings

Clinical indications/Notes:

_____

_____

_____

_____

Technologist's name:_____

1. On review of your screening mammogram, if an area needs further evaluation, we will contact you to schedule an appointment. (There is an additional charge for these views).
2. If an ultrasound examination is recommended, this is considered a separate study and separate charge.
3. To the best of my knowledge, all of the above is true and correct.

Patient Signature: _____ Date: _____/_____/_____