



**Montclair Breast Center**  
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# YEARLY MAMMO QUESTIONNAIRE

Name: \_\_\_\_\_ Date: \_\_\_\_\_

DOB: \_\_\_\_\_ Date/Year of last menstrual period: \_\_\_\_\_

Reason for exam today: \_\_\_\_\_

Have you had a previous mammogram: Yes No Where? \_\_\_\_\_ When? \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Any Changes (up or down? how much?) \_\_\_\_\_

Age at First Period: \_\_\_\_\_ Age at First Live Birth: \_\_\_\_\_ Bra Size: \_\_\_\_\_

Are you currently pregnant? Or is there any possibility that you are pregnant: Yes No

### Current breast concerns: Please describe and give location:

How many Breast Biopsies have you had? \_\_\_\_\_ Any Atypia? Yes No

Aware of any new lumps today? Yes No Rt \_\_\_\_ Lt \_\_\_\_ How Long \_\_\_\_\_

Recent breast pain or soreness: Yes No Rt \_\_\_\_ Lt \_\_\_\_ How Long \_\_\_\_\_

Discharge from nipple: Color? \_\_\_\_\_ Yes No Rt \_\_\_\_ Lt \_\_\_\_ How Long \_\_\_\_\_

Any recent breast trauma? Yes No Rt \_\_\_\_ Lt \_\_\_\_ How Long \_\_\_\_\_

Skin changes/thickening? Yes No Rt \_\_\_\_ Lt \_\_\_\_ If Yes, describe \_\_\_\_\_

Other problems/concerns? Yes No Rt \_\_\_\_ Lt \_\_\_\_ Explain \_\_\_\_\_

Personal history of diabetes: Yes No

Are you taking hormones/estrogen? Yes No Started \_\_\_\_\_ Stopped \_\_\_\_\_

Please state any known drug allergies: \_\_\_\_\_

Any family history of cancer: Yes No If Yes, who, type and age of diagnosis: \_\_\_\_\_

Breast: \_\_\_\_\_

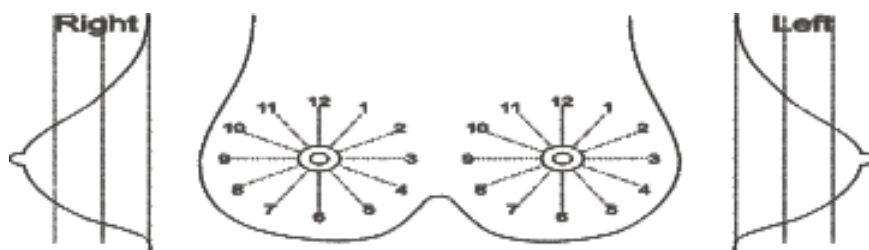
Ovarian: \_\_\_\_\_

Other: \_\_\_\_\_

Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis? \_\_\_\_\_

I understand that early detection of breast cancer is a 3 part process: Mammography, Self Breast Exam, and annual physical breast exam by my healthcare provider.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Technologist: Make note and chart all masses, moles, and scars.

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_