



Montclair Breast Center
 37 North Fullerton Avenue
 Montclair, NJ 07042
 (973) 509-1818
 Fax: (973) 509-0532
 www.montclairbreastcenter.com

YEARLY MAMMO QUESTIONNAIRE

NAME _____ DOB _____

DATE _____ Date of last clinical breast exam? _____

Date/year of last menstrual period? _____ Reason for exam today? _____

Have you had a mammogram before? Yes No When was it done? _____

Where did you have mammogram?

ht: _____ wt: _____

Any changes? Up _____ down _____ lbs _____ bra size: _____

Are you currently pregnant or have reason to believe you may be? Yes No

Current breast concerns/please describe and give location

New lumps since last visit? Yes No rt lt How long? _____

Recent pain? Yes No rt lt How long? _____

Nipple discharge? Yes No rt lt Color? _____ How long: _____

Any recent breast trauma? Yes No rt lt Explain _____

Skin changes/thickening? Yes No rt lt If yes, describe _____

Other problems/concerns? Yes No rt lt Explain _____

Surgical procedures/history

Radiation? Yes No rt lt Date: _____

Complete mastectomy? Yes No rt lt Date: _____

Lumpectomy(for cancer)? Yes No rt lt Date: _____

Needle biopsy? Yes No rt lt Date: _____

Surgical biopsy? Yes No rt lt Date: _____

Implants? Yes No rt lt Date: _____

Breast reduction? Yes No rt lt Date: _____

Are you taking hormones/estrogen? Yes No Started _____ Stopped _____

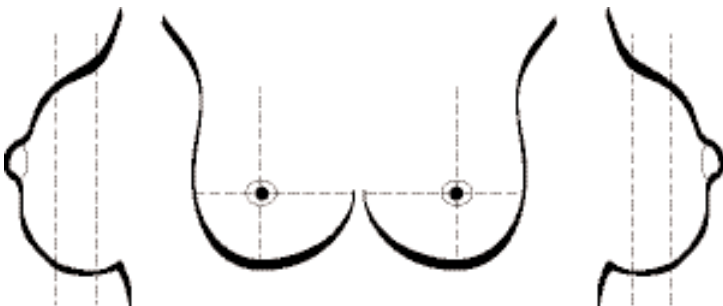
Any new allergies? Yes No

Personal history of other cancer? Yes No If yes what kind? _____

Family history of cancer? Yes No If yes who and what type? _____

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 signature: _____



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

Technologist Signature: _____ **Date:** _____