

Name: _____ Date: _____

Medical History – Breast Abnormality/Cancer

In your own words, please list any symptoms or health problems that you are having relating to this exam? Please be specific. _____

Is the breast MRI intended to better characterize a known breast mass, or look for other areas of disease in the same breast, in the opposite breast, or all of the above? _____

Do you feel a lump? No _____ Yes _____

Are your symptoms: Left sided _____ Right sided _____

When was the beginning of your last menstrual cycle? _____

Did you have a recent mammogram? If so, at what facility _____ When? _____

Did your mammogram demonstrate an abnormal finding? No _____ Yes _____

Have you recently had a breast Ultrasound? No _____ Yes _____ Where: _____ When? _____

Have you had a biopsy of the breast abnormality? No _____ Yes _____ When: _____

If yes, was the biopsy a non-surgical _____ surgical _____

What were the results: _____

Do you have a personal or family history of breast cancer? No _____ Yes _____? If there is a family history, which family members have been diagnosed with breast cancer: _____

Do you have any allergies? If yes, please list: _____

Have you ever had a reaction to contrast (dye) used for MRI or CT? No _____ Yes _____ If yes, explain _____

Please list anything else that you feel that we should know about your present or past health history. _____

If you have had Breast Cancer please answer the following questions:

When did you have breast cancer? _____

Which breast? Right _____ Left _____ Both _____

What type of cancer were you diagnosed with? _____

Did you have surgery? No _____ Yes _____ When and what type of surgery did you have? _____

Was there lymph node involvement? No _____ Yes _____

Have you had chemotherapy _____ radiation therapy _____ or both _____? If you had treatments, when did they stop? _____

Is your physician concerned about recurrent cancer or a new breast cancer? _____

In the same breast or the opposite breast? _____

Do you know if your breast cancer has spread to others parts of your body? _____