

MRI BREAST EXAM QUESTIONNAIRE

Have you had a mammogram somewhere other than in the Wake Forest system? Yes No

If YES, did you bring the films/CD with you? Yes No. We will need them for interpreting the MRI.

Referral reason (Circle R for Right or L for Left):

- Screening
- R L Personal history of breast cancer
- R L New lump: Can it be felt? Yes No
- R L Abnormality on mammogram, or if other study, what study type?: _____
- R L Nipple discharge: Dark or bloody Clear Milky Other: _____
- R L Large nodes under my arm
- R L Skin or nipple thickening or retraction, or other skin problem _____
- R L Implant problem (please explain): _____
- R L Other (please explain reason for exam): _____

History of previous breast procedures:

Side	Procedure	Date Performed	Pathology Results
R L	Lumpectomy for cancer	_____	_____
R L	Mastectomy	_____	_____
R L	Biopsy, with needle	_____	_____
R L	Biopsy, surgical	_____	_____
R L	Radiation	_____	_____
R L	Implants	_____	_____
R L	Reconstruction	_____	_____
R L	Other	_____	what type? _____

Do you still have menstrual periods? Yes No

If YES, what date did your last period begin? _____

Are you currently taking hormones? Yes No

Are you currently pregnant? Yes No Or are you currently lactating? Yes No

Do you have a family history for breast cancer and/or ovarian cancer? Yes No

Relationship (for example, mother) Age cancer developed Type of cancer

Physical Exam findings (to be completed by MRI technologist): Indicate location of any scar, lump, or other findings. Place a marker over a palpable lump of concern.

