Ocala Health
Advanced Imaging Centers

PATIENT HISTORY QUESTIONNAIRE

Name: _____ **Date of Birth** _____

Account: _____ **Referring Doctor**: _____

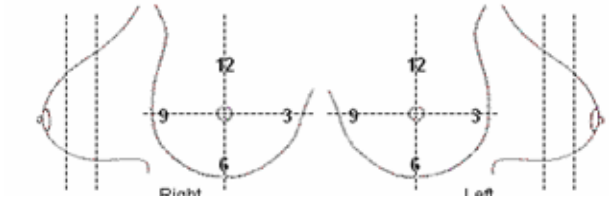
PLEASE CIRCLE YES OR NO TO EACH QUESTION

Have **YOU** had previous mammograms**?** **Yes** **No**

Where? _____ When? _____

Tech Use only:

Physical Findings



FOR PATIENTS WHO HAVE HAD BREAST CANCER:

Have you had breast surgery for **CANCER** **Yes** **No**

- Needle Biopsy (Cancer) Left Date: _____ Right Date: _____
- Lumpectomy (Cancer) Left Date: _____ Right Date: _____
- Mastectomy (Cancer) Left Date: _____ Right Date: _____

Have **YOU** had ovarian cancer or colon cancer? **Yes** **No** Age at diagnosis: _____

***Please Circle if the following relatives have had Breast, Ovarian,Colon Cancer:**

- **Mother:** Breast Ovarian Colon Age at diagnosis _____
- **Sister:** Breast Ovarian Colon Age at diagnosis: _____
- **Daughter:** Breast Ovarian Colon Age at diagnosis: _____
- **Father:** Breast → Colon Age at diagnosis: _____

What was **YOUR** age at first menstrual period? _____

Have **YOU** given birth? **Yes** **No** **Your** age when first child was born: _____

Have **YOUR** menstrual periods stopped? **Yes** **No** what age did **YOUR** menstrual period stop? _____

Had a Hysterectomy? **Yes** **No** If yes, at age _____

Ovaries removed? **Yes** **No** If yes, at age _____

Are you taking hormones **NOW**? **Yes** **No** For how long? _____

Have you taken hormones in the **PAST?** **Yes** **No** For how long? _____

Have you had chest radiation (for Hodgkins lymphoma)? **Yes** **No**

Have **YOU** had breast surgery that was **NOT** for cancer? **Yes** **No**

- Needle Biopsy Left Date: _____ Right Date: _____
- Surgical Biopsy Left Date: _____ Right Date: _____
- Lumpectomy Left Date: _____ Right Date: _____
- Breast Reduction Left Date: _____ Right Date: _____
- Breast Implants Left Date: _____ Right Date: _____

Patient Signature: _____ **Date**: _____

By signing above, I am confirming that my past medical history has been documented correctly and I agree with the information documented.

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