

The Women's Center at Prestonwood
6957 W. Plano Pkwy. Suite 1400
Plano, TX 75093

SCREENING MAMMOGRAPHY HISTORY

Patient Name: _____ Date of Birth: _____

PLEASE ANSWER ALL QUESTIONS

This must be completed prior to performing your mammogram

1. Have you ever had a mammogram? Y N

2. WHERE was your last mammogram? _____

3. WHEN was your last mammogram? (month/year) _____

4. Have you ever had any:

Breast Biopsy Y Rt _____ Lft _____ Year _____

Breast Surgery Y Rt _____ Lft _____ Year _____

Implants Y Rt _____ Lft _____ Year _____

Reduction Y Rt _____ Lft _____ Year _____

5. Have you ever had breast cancer? Y Rt _____ Lft _____
Year diagnosed: _____

6. Any family diagnosed with breast cancer? Y N

Grandmother/Age _____ Mother/Age _____ Sister/Age _____ Aunt/Age _____

7. ANY CHANCE OF PREGNANCY? Y N

8. Date of your last period? _____ Menopause Y N

Age at first period? _____

9. Have you ever given birth? Y N Age when you had your first child? _____

10. Are you on Hormone Replacement Therapy? Y N How Long? _____ years

11. Are you taking birth control? Y N How Long? _____ years

12. Are you having any breast symptoms or problems at this time? If so, explain.
