Visalia Women's Imaging Specialists

1700 S. Court St., STE C, Visalia, CA 734-5674

MAMMOGRAPHY WORKSHEET

Last name: ______________________________________ First: _____________________________ MI: ______________

Any previous last names: ____

Birth date: _____/_____/_____

Last Mammogram exam: _____/_____/_____ Where? ____

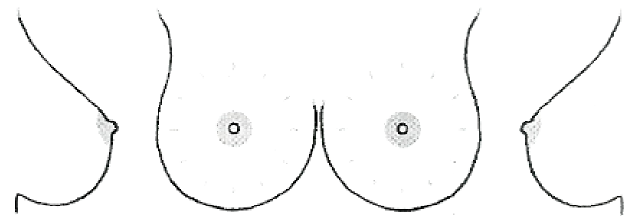
Reason for Today's Visit? ____

Hormone Therapy? Yes / No (circle one)

Date started: ___________________ Date stopped: ____

Risk Factors; check those that apply:

- ☐ Self- history of breast cancer
- ☐ Self- history of gynecological cancer (type______)
- ☐ Self- cancer elsewhere



Family History of breast cancer, check those that apply:

- ☐ Aunt, grandmother, cousin
- ☐ Mother (age ____), sister (age ____)

Prior breast procedures: please indicate L= left R= right B= both

Biopsy	L R B year ____	Cyst aspiration	L R B year ____
Lumpectomy	L R B year ____	Mastectomy	L R B year ____
Radiation Therapy	L R B year ____	Reduction	L R B year ____
Ultrasound	L R B year ____		

BREAST IMPLANTS L R B year ______ **Type: silicone saline combination**

I have reviewed the above information and updated it as necessary.

____ date: ___________________________

Patient Signature

____ date: ___________________________

Patient Signature

____ date: ___________________________

Patient Signature

____ date: ___________________________

Patient Signature