



NASSAU RADIOLOGIC GROUP & AFFILIATES

MAMMOGRAPHY INFORMATION SHEET

(PLEASE ANSWER ALL QUESTIONS: USE ESTIMATES IF NECESSARY)

TODAY'S DATE: _____

NAME: _____ Date of Birth: _____ AGE: _____

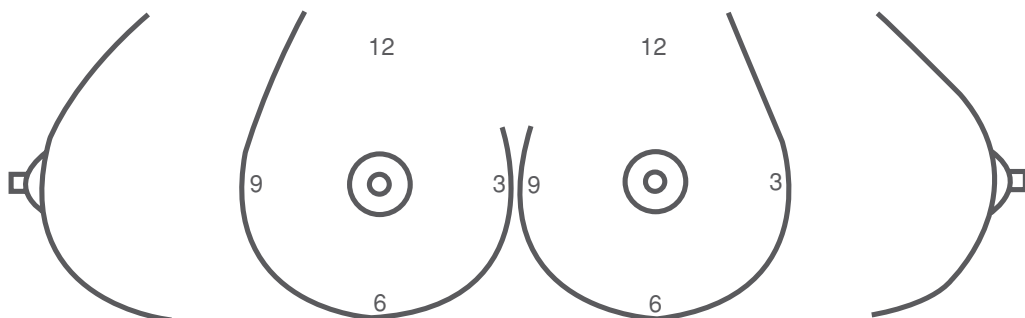
HOME PHONE: () _____ - _____ WORK PHONE: () _____ - _____

REFERRING PHYSICIAN: _____

MAMMOGRAPHY HISTORY:

- 1) a. Have you had a mammogram at Nassau Radiologic Group? [] No [] Yes Year _____
b. If you had a mammogram elsewhere, name of facility: _____ Year _____
2) Has anyone in your family had breast cancer? [] No [] Yes
3) a. Are you currently taking hormones? [] No [] Yes For how long? _____
b. Are you currently taking birth control? [] No [] Yes For how long? _____
4) a. Do you or your doctor feel any lumps? [] No [] Yes [] Right [] Left
b. Do you have any nipple discharge? [] No [] Yes [] Right [] Left Color _____
c. Do you have any breast pain? [] No [] Yes [] Right [] Left
d. Have you had a recent breast injury? [] No [] Yes [] Right [] Left
e. Have you had any breast skin changes? [] No [] Yes [] Right [] Left
f. Other breast problems _____
5) Have you had any breast plastic surgery? [] No [] Yes [] Implants [] Reduction [] Lift Year _____
6) Have you had any of the following procedures? (please answer to the best of your ability)
MASTECTOMY: [] No [] Yes Year _____ [] Right [] Left
FNA or CORE BIOPSY: [] No [] Yes Year _____ [] Right [] Left [] Benign [] Malignant
BREAST SURGERY: [] No [] Yes Year _____ [] Right [] Left [] Benign [] Malignant
Have you had radiation therapy to the breast or chest? [] No [] Yes Year _____
7) a. Have you had a breast physical exam within the past year? [] No [] Yes Month _____ Year _____
b. if not, do you have a breast physical exam scheduled? [] No [] Yes Month _____ Year _____

Do not write below this line



(TURN OVER)

UNDERSTANDING YOUR MAMMOGRAPHY

A Mammogram is an x-ray in which special equipment is used to take pictures of the interior of the breast. It is helpful in evaluating breast lumps that can be felt. More important, Mammography is acknowledged to be the only effective method of detecting breast tumors before they are large enough to be felt with the fingers. The value of Mammography in detecting small or early breast cancers has been recognized by the American College of Radiology, the American College of Obstetrics and Gynecology and the American Cancer Society.

Mammography, like all medical tests, has its limitations; only 85-90% of malignancies can be detected by this method. Among the reasons that some breast cancers may escape detection are the following:

- 1. The tumor may be obscured by overlying, normal breast tissue.
- 2. The tumor may not have typical x-ray characteristics.
- 3. Certain malignant cancers closely resemble benign tumors.
- 4. Portions of the breast may be hidden by the muscles, bones, and connective tissue of the chest wall.

Moreover, because some non-cancerous diseases closely resemble malignancies, biopsy may be recommended for conditions that eventually prove to be benign.

If you have further questions about your Mammography, please ask to speak with the Radiologist.

Please initial the following statements and sign your name at the bottom of this page.

I understand that Mammography has certain limitations and does not show every breast cancer.

I understand the above information and/or have had satisfactory answers to my questions.

X

SIGNATURE

DATE

WITNESS

DATE

THE NASSAU RADIOLOGIC GROUP-LAKEVILLE RADIOLOGICAL ASSOCIATES STRONGLY RECOMMENDS THAT ALL PATIENTS HAVE A PHYSICAL EXAMINATION OF THE BREASTS BY THEIR PRIMARY CARE PHYSICIAN, GYNECOLOGIST OR SURGEON WITHIN TWO MONTHS BEFORE OR AFTER TODAY'S MAMMOGRAM.