

DATE: «CurrentDate»
 PATIENT #: «PatientNumber»
 PATIENT NAME: «PatientFullName»

DOB: «PatientDOB» / AGE: «PatientAge»
 SEX: «PatientSex»

Are you wearing an Insulin Pump or other medication dispensing unit? N ☐ / Y ☐

EXAM HISTORY

Is this your first Mammogram? N ☐ / Y ☐

Reason for today's exam: ☐ Screening (no current problems) ☐ Diagnostic (new problem or follow up)

Explain: _____

Where and when was your last *Mammogram*? ☐ SJRA ☐ Other: _____ Date: _____

Where and when was your last *Breast Ultrasound*? ☐ SJRA ☐ Other: _____ Date: _____

Where and when was your last *Breast MRI*? ☐ SJRA ☐ Other: _____ Date: _____

When was the last time you had a breast examination performed by a doctor? _____

CURRENT SYMPTOMS

Are you having any problem with your breasts? N ☐ / Y ☐

Which Breast Duration

☐ Lump ☐ R / ☐ L _____

☐ Tenderness ☐ R / ☐ L _____

☐ Discharge (clear, bloody, milky) ☐ R / ☐ L _____

☐ Skin (changes/itching) ☐ R / ☐ L _____

☐ Nipple Inversion ☐ R / ☐ L _____

☐ Thickening ☐ R / ☐ L _____

Please describe any other symptoms you may be experiencing: _____

HISTORY OF CANCER

Do you have a family history of breast cancer? N ☐ / Y ☐

Relation of family member (mother, grandmother, etc) _____

What age was he / she diagnosed? _____

Have you been diagnosed with **BREAST** Cancer? N ☐ / Y ☐

Type: _____ Date: _____

Specify breast: ☐ R / ☐ L

Did you undergo treatment? N ☐ / Y ☐

☐ Lumpectomy ☐ Radiation ☐ Mastectomy ☐ Chemotherapy

☐ Hormone Therapy Type: _____

Have you been diagnosed with **ANY** type of cancer? N ☐ / Y ☐

Type: _____ Date: _____

BREAST HEALTH HISTORY

Have you had implant surgery? N ☐ / Y ☐

Silicone ☐ Saline ☐ Date(s): _____

Have you had your breast cancer risk assessed? N ☐ / Y ☐

Results: _____

Have you had a trauma to the breast (causing black or blue marks)? N ☐ / Y ☐

☐ R / ☐ L Date: _____

Have you had any breast procedures or breast surgery? N ☐ / Y ☐

Please list any surgical biopsies, core biopsies, aspirations, breast reduction surgeries, etc. INCLUDE RESULTS:

RIGHT BREAST

LEFT BREAST

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

Date: _____ Type: _____

HORMONE HISTORY (FEMALE ONLY)

Have you taken hormone replacement therapy? N ☐ / Y ☐

Duration: _____ to _____

Are you: ☐ Premenopausal ☐ Perimenopausal ☐ Postmenopausal Last menstrual period: _____

Have you ever been pregnant? N ☐ / Y ☐

How many times? _____ How many live births? _____ Age at first birth? _____

Are you currently pregnant or trying to get pregnant? N ☐ / Y ☐

Have you breast fed in the last 3 months? N ☐ / Y ☐

Have you had a hysterectomy (removal of uterus)? N ☐ / Y ☐

Have you had an oophorectomy (removal of ovaries)? One ☐ Both ☐ N ☐ / Y ☐

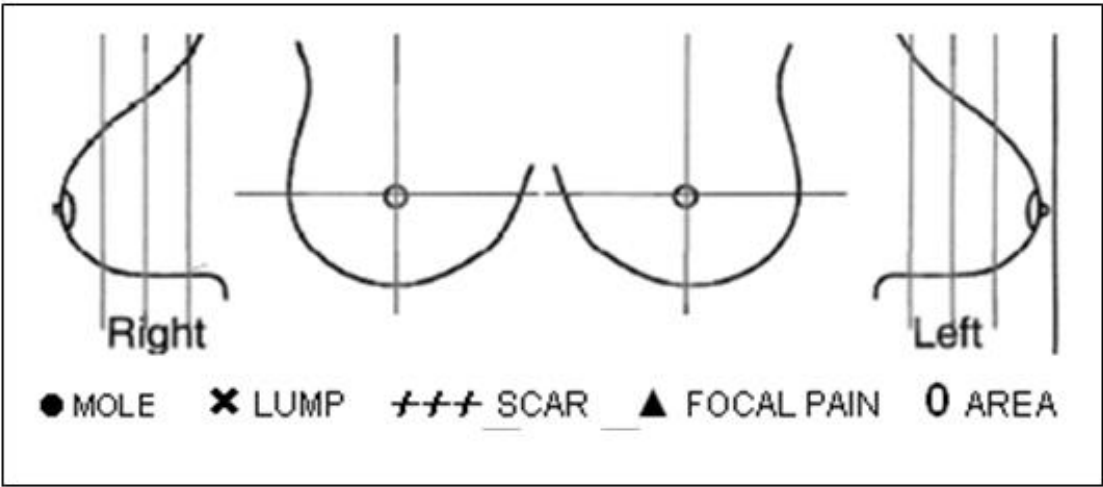
Has your weight changed since your last mammogram? N ☐ / Y ☐

Specify: ☐ Gain ☐ Loss Amount: _____

Tech Signature: _____ Patient Signature: X _____
 Ext#: _____

Breast Imaging History Form

DATE: «CurrentDate» DOB: «PatientDOB» / AGE: «PatientAge»
PATIENT #: «PatientNumber» SEX: «PatientSex»
PATIENT NAME: «PatientFullName»



- ☐ SCREENING
- ☐ SCREENING WITH SYMPTOMS _____
- ☐ DIAGNOSTIC
 - Abnormal screening _____
 - Follow-up _____
 - Symptomatic _____
 - Other _____

TECHNOLOGIST COMMENTS:

REASON FOR ADD VIEWS: _____

BREAST SIZE DISCREPANCY: N ☐ / Y ☐ _____



SOUTH JERSEY RADIOLOGY ASSOCIATES, P.A.

«CurrentDate»

Dear «PatientFullName»;

We are frequently asked by Women concerned about their personal risk of breast cancer if they should have a Breast MRI in addition to an annual Mammogram.

The answer depends on your lifetime risk of developing breast cancer. If you are interested in taking a quick risk assessment to determine your estimated risk, go to the National Cancer Institute web site at www.cancer.gov/bcrisktool.

Once on the website, read the instructions and answer a few simple questions. The site will calculate your estimated risk of cancer. You should focus on the lifetime risk of breast cancer, not the short- term risk.

If your lifetime risk is greater than 20%, print out the result and bring it to your physician. You and your doctor should discuss the possibility of having a breast MRI if your estimated lifetime risk is 20% or greater. The American Cancer Society guidelines suggest you have a breast MRI if your estimated lifetime risk is 20% or greater.

A consultation with a genetic counselor may be beneficial if your lifetime risk is greater than 20%.

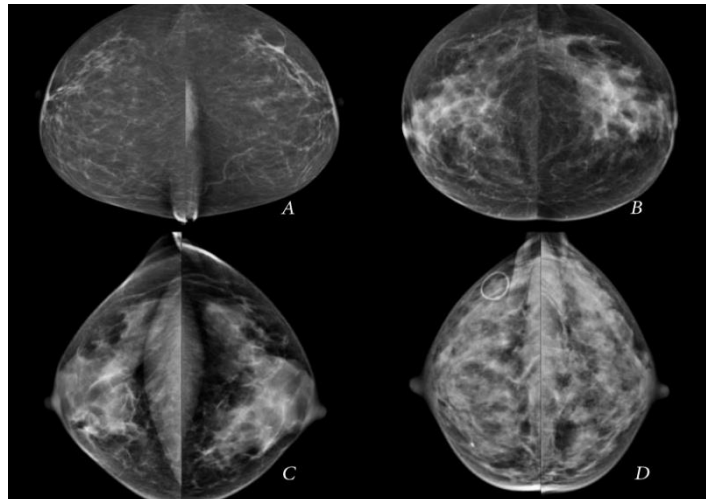
Your Breast Health Partners

The Women's Imagers of SJRA

Breast Density Facts

Starting 05/01/2014, New Jersey Law S-792 requires mammography reports sent to patients and their physicians to include the following statement:

"Your mammogram may show that you have dense breast tissue as determined by the Breast Imaging Reporting and Data System established by the American College of Radiology. Dense breast tissue is very common and is not abnormal. However, in some cases, dense breast tissue can make it harder to find cancer on a mammogram and may also be associated with a risk factor for breast cancer. Discuss this and other risks for breast cancer that pertain to your personal medical history with your health care provider. A report of your results was sent to your health care provider. You may also find more information about breast density at the website of the American College of Radiology, www.acr.org."



- Breast density assessments will be included on all screening mammography reports sent to patients and their physicians. There are 4 categories of breast density:
 - A. Almost entirely fatty
 - B. scattered fibroglandular densities
 - C. heterogeneously dense
 - D. extremely dense
- The same law may require some insurance carriers to pay for supplemental screening procedures if a patient's mammogram demonstrates extremely dense breasts. Patients are advised to check their policies to determine if the supplemental screenings are covered.
- Only 10% of all women have "extremely dense breasts."
- Women with dense breasts (category C and D listed above) may benefit from supplemental screening tests.
- Additional screening options include: breast cancer risk assessment, screening MRI, ultrasound, and tomosynthesis (3D Mammography).



Breast Density Facts

- Mammography is still the gold standard for early detection of breast cancer and there is no recommendation that it be replaced with another test.
- The recommendations for screening mammography are exactly the same for women with dense breasts as for the rest of the population.

Visit SJRA.com/BreastHealth ***
for more information and links to the following educational material:

NJ LEGISLATURE

ftp://www.njleg.state.nj.us/20122013/S1000/792_I1.HTM

BREAST DENSITY INFORMATION

American Cancer Society

<http://www.cancer.org/acs/groups/content/@editorial/documents/document/acspc-039989.pdf>

American College of Radiology

<http://www.acr.org/News-Publications/~media/180321AF51AF4EA38FEC091461F5B695.pdf>

<http://www.acr.org/About-Us/Media-Center/Position-Statements/Position-Statements-Folder/Statement-on-Reporting-Breast-Density-in-Mammography-Reports-and-Patient-Summaries>

Komen Foundation

<http://www5.komen.org/BreastCancer/HighBreastDensityonMammogram.html>

Breast Cancer Risk Assessment Tool

<http://www.cancer.gov/bcrisktool/>