What is the REASON you are having a breast imaging exam?  
*(please select one)*
- This is a routine (screening) exam. I am not having breast problems.
- I am having breast problems:  
  - This is additional exam requested from a recent study.
  - This is a short interval follow-up request from my last exam (1-11 months ago).
  - I have breast implants, but I am not having any problems.
  - This is a review of an outside study.
  - I am going to have breast reduction.
  - I am going to have radiation therapy.
  - This is an additional exam requested from my current screening exam.
  - I have a history of benign breast disease.
  - I have a personal history of breast cancer with breast conservation therapy.

Check all of the following RISK FACTORS that are true for you:
- No one in my family has had breast cancer
- My aunt, grandmother, or cousin had breast cancer
- My mother or sister had breast cancer after their periods stopped
- My mother or sister had breast cancer while they were still having their periods
- I do not know my family breast cancer history
- I have had breast cancer
- I have had endometrial cancer
- I have had a previous breast biopsy that showed a high risk lesion
- I have been through menopause
- I have never had children
- I had my first child after age 30

If you ever used any of the following Hormones, please enter:

<table>
<thead>
<tr>
<th>Hormonal Contraceptives</th>
<th>Age First Used</th>
<th>Duration of Use</th>
<th>Age at Last Use</th>
<th>Currently Using</th>
</tr>
</thead>
<tbody>
<tr>
<td>Estrogen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Progesterone</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tamoxifen</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Enter your Menstrual History:
- Age when periods started:  
- Age at first full term pregnancy:  
- Age at natural menopause:  
- Age at hysterectomy:  
- Age at right ovary removal:  
- Age at left ovary removal:  
- Number of live births:

Technologists Notes:

**Equipment cleaned and disinfected**  
- Yes  
- No

Previous Mammograms?  
- Yes  
- No

When  

Where  

Do you have Implants?  
*(If yes, circle L for Left or R for Right)*
- L R I don’t know the specific type
- L R Silicone gel implant
- L R Saline implant
- L R Combination implant
- L R Pre-pectoral implant
- L R Retro-pectoral implant

Previous PROCEDURES?  
- Yes  
- No

*(Circle L for Left or R for Right)*
- L R Cyst aspiration  
- L R Needle biopsy  
- L R Excisional biopsy  
- L R Lumpectomy for cancer  
- L R Mastectomy  
- L R Radiation therapy  
- L R Breast reduction  
- L R Implant removed  

Have you ever received chemotherapy for any type of cancer?  
- Yes  
- No

If you ever used any of the following Hormones, please enter:

- Hormonal Contraceptives
- Estrogen
- Progesterone
- Tamoxifen
- Other:  

- Enter your Menstrual History:
- Age when periods started:  
- Age at first full term pregnancy:  
- Age at natural menopause:  
- Age at hysterectomy:  
- Age at right ovary removal:  
- Age at left ovary removal:  
- Number of live births:  

Technologists Notes:

**Equipment cleaned and disinfected**  
- Yes  
- No

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**UW Medicine**  
Harborview Medical Center – UW Medical Center  
Northwest Hospital & Medical Center – University of Washington Physicians  
Seattle, Washington

**MAMMOGRAPHY SCREENING**  
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*U3047*  
WHITE - MEDICAL RECORD

UH3047 REV DEC 11