Mammography Screening
乳房造影筛选检查

Chinese

What is the REASON you are having a breast imaging exam?
您为何要做此乳房造影筛选检查？
(please select one)请选一项

- ☐ This is a routine (screening) exam. I am not having breast problems.
  此为定期检查(筛选)我并无乳房疾病。
- ☐ I am having breast problems: _____
  我有乳房的疾病
- ☐ This is additional exam requested from a recent study.
  此为近期检查后需要做的更进一步检查。
- ☐ This is a short interval follow-up request from my last exam (1-11 months ago).
  此为前次*（1 至 11 个月前）*检查后短期的跟进检查
- ☐ I have breast implants, but I am not having any problems.
  我曾隆胸、但并无任何乳房疾病。
- ☐ This is a review of an outside study.
  此为审核别处的检查。
- ☐ I am going to have breast reduction.
  我将做乳房缩小术。
- ☐ I am going to have radiation therapy.
  我将做放疗。
- ☐ This is an additional exam requested from my current screening exam.
  此为我近期筛选检查后额外需做的检查。
- ☐ I have a history of benign breast disease.
  我有良性乳房疾病史
- ☐ I have a personal history of breast cancer with breast conservation therapy.
  我有乳癌的病史、曾接受保留乳房的治疗。

Check all of the following RISK FACTORS that are true for you:
请勾选与您相符的各项风险因素：

- ☐ No one in my family has had breast cancer
  我家族里无乳癌的病历。
- ☐ My aunt, grandmother, or cousin had breast cancer
  我的阿姨、祖母或表/堂妹有乳癌。
- ☐ My mother or sister had breast cancer after their periods stopped
  我的母亲或姐妹在更年期后得了乳癌。
- ☐ My mother or sister had breast cancer while they were still having their periods
  我的母亲或姐妹在更年期前得了乳癌。
- ☐ I do not know my family breast cancer history
  我不知悉我家族的乳癌史。
- ☐ I have had breast cancer ☐ I have had endometrial cancer
  我曾得过乳癌 我曾得过子宫内膜癌

Previous Mammograms? ☐ Yes 有 ☐ No 无
过去有无做过乳房造影？
When 何时：_____
Where 何处：_____

Do you have Implants?
您有隆乳吗？
(If yes, circle L for Left or R for Right)
（如有、请圈选左边或右边）

左 右

- L R I don't know the specific type
  我不知道具体的类型
- L R Silicone gel implant
  曾经植入硅凝胶
- L R Saline implant
  盐水植入
- L R Combination implant
  组合类型植入
- L R Pre-pectoral implant
  前胸肌皮下植入
- L R Retro-pectoral implant
  后胸肌植入

Previous PROCEDURES? ☐ Yes 有 ☐ No 无
曾做过手术/程序吗？
(Circle L for Left or R for Right)
（如有、请圈选左边或右边）

左 右

- L R Cyst aspiration
  囊肿抽取术
- L R Needle biopsy
  针抽取活检
- L R Excisional biopsy
  切除式活检
- L R Lumpectomy for cancer
  乳房癌肿瘤切除术
- L R Mastectomy
  乳房切除术
- L R Radiation therapy
  放射线治疗
- L R Breast reduction
  乳房缩小术

PLACE PATIENT LABEL HERE

☐ I have had a previous breast biopsy that showed a high risk lesion
我曾做过乳房活检、显示有高风险病变。

L R Implant removed
隆乳物体取除术

☐ I have been through menopause
我已过了更年期。

☐ I have never had children ☐ I had my first child after age 30
我没生过小孩 我在 30 岁后生第一个小孩

Have you ever received chemotherapy for any type of cancer? 您曾因任何癌症接受化疗吗？ ☐ Yes 有 ☐ No 无

If you ever used any of the following Hormones, please enter 如您曾经服用过下列荷尔蒙请列出：

	Age First Used 初用时的年龄	Duration of Use 为期多久	Age at Last Use 停止服用时的年龄	Currently Using 目前服用吗
Hormonal Contraceptives 荷尔蒙避孕药				☐ Yes 有 ☐ No 无
Estrogen 雌激素				☐ Yes 有 ☐ No 无
Progesterone 黄体酮[激素				☐ Yes 有 ☐ No 无
Tamoxifen 三苯氧胺				☐ Yes 有 ☐ No 无
Other 其他: _____				☐ Yes 有 ☐ No 无

Enter your Menstrual History:
请输入您经期的历史：

Age when periods started: _____
月经开始时的年龄

Age at first full term pregnancy: _____
第一次足月妊娠的年龄

Age at natural menopause: _____
自然停经时的年龄

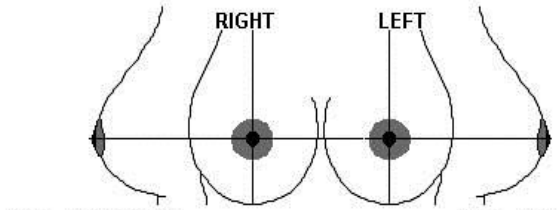
Age at hysterectomy: _____
子宫切除时的年龄

Age at right ovary removal: _____
右卵巢切除时的年龄

Age at left ovary removal: _____
左卵巢切除时的年龄

Number of live births: _____
生下活婴的数目：

PATIENT SIGNATURE 病人签名	DATE 日期	TIME 时间
TECHNOLOGIST SIGNATURE 技师签名	DATE 日期	TIME 时间



Skin condition: Skin condition:

Technologists Notes:

Equipment cleaned and disinfected ☐ **Yes** ☐ **No**

Chinese Translation by UWMC Interpreter Services

PLACE PATIENT LABEL HERE