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>Hormonal Contraceptives</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Estrogen</td>
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<tr>
<td>Progesterone</td>
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<tr>
<td>Tamoxifen</td>
<td></td>
<td></td>
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<tr>
<td>Other</td>
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<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