



PATIENT DEMOGRAPHICS

Name: _____
 DOB: _____
 Address: _____
 Phone #: _____
 HCN: _____

OFFICE USE ONLY
 Appt. Date/Time

Routine Screening Mammographic Examination
 Evaluation at Breast Assessment Centre

PRIOR MAMMOGRAMS:

Yes Date(s): _____ Location: _____
 No

CLINICAL HISTORY:

Personal history of breast cancer: Yes No Year of Dx _____
 Breast implants: Yes No

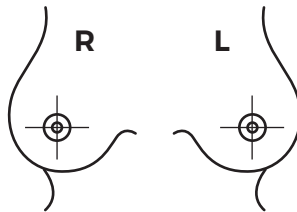
PALPABLE ABNORMALITY

Size _____ Location _____

COMMENTS:

BREAST PAIN

Breast: L R Both
 Cyclic Non-cyclic
 Focal Diffuse



Generalized or cyclic breast pain can be treated on clinical grounds.

NIPPLE DISCHARGE

Breast L R Both
 Unilateral Y N Single Duct Y N

Any nipple discharge that is bilateral, from multiple ducts from one breast and/or yellowish, green or milky is considered physiologic and is not suitable for referral.

Referring Physician

Name: _____
 Phone #: _____
 Billing #: _____
 Signature _____ Order Date: _____

**RADIOLOGIST
 USE ONLY**

Priority: 1 2 3 4