HOLMDEL IMAGING

BREAST IMAGING

NAME | DATE OF BIRTH

PLEASE ANSWER THE FOLLOWING:

Reason for today's visit: ❑ Routine/annual ❑ Short term follow-up ❑ New problem

Number of full term pregnancies?

Age at first pregnancy?

Age when menstruation began?

When was your last menstrual period?

Age at menopause?

PLEASE ANSWER THE FOLLOWING AS COMPLETELY AS POSSIBLE:

	YES	NO	IF YES, PLEASE GIVE DETAILS
Are you currently pregnant?	❑	❑	
Ever had ovarian cancer?	❑	❑	
Family history of breast cancer?	❑	❑	At what age was she diagnosed?

❍ Mother: yrs ❍ Grandmother: yrs ❍ Sister: yrs ❍ Aunt: yrs ❍ Daughter: yrs

	YES	NO	IF YES, PLEASE GIVE DETAILS
Have you had a hysterectomy?	❑	❑	
Have you had your ovaries removed?	❑	❑	
Have you had a previous mammogram?	❑	❑	
Have you ever had breast cancer?	❑	❑	

IF REASON FOR TODAY'S VISIT IS A NEW PROBLEM PLEASE GIVE DETAILS:

	RIGHT	LEFT	BOTH
Pain	❑	❑	❑
Nipple discharge	❑	❑	❑
Lumps	❑	❑	❑
Nipple retraction	❑	❑	❑

Weight change since last mammo ❍ Loss ❍ Gain How much:

HAVE YOU HAD ANY OF THE FOLLOWING DONE TO YOUR BREAST? IF YES, WHICH SIDE AND WHEN:

	YES	NO	RIGHT	LEFT	BOTH	WHEN
Breast implants	❑	❑	❑	❑	❑	
Needle biopsy/Cyst aspiration	❑	❑	❑	❑	❑	
Surgical biopsy Benign results	❑	❑	❑	❑	❑	
Stereo biopsy	❑	❑	❑	❑	❑	
Breast reduction	❑	❑	❑	❑	❑	
Lumpectomy surgery for breast cancer	❑	❑	❑	❑	❑	
Mastectomy	❑	❑	❑	❑	❑	
Radiation therapy	❑	❑	❑	❑	❑	
Chemotherapy	❑	❑	❑	❑	❑	
Breast Injury	❑	❑	❑	❑	❑	

HAVE YOU EVER TAKEN ANY HORMONES?

	YES	NO	IF YES, PLEASE DESCRIBE
Contraceptives	❑	❑	
Estrogen	❑	❑	
Progesterone	❑	❑	
Tamoxifen	❑	❑	
Herbal/hormonal supplements	❑	❑	LIST:
Other	❑	❑	

PLEASE KEEP MY MEDICAL RECORDS AND FILMS HERE INITIAL:

We're Seeing
New Ways
to Keep
You Healthy

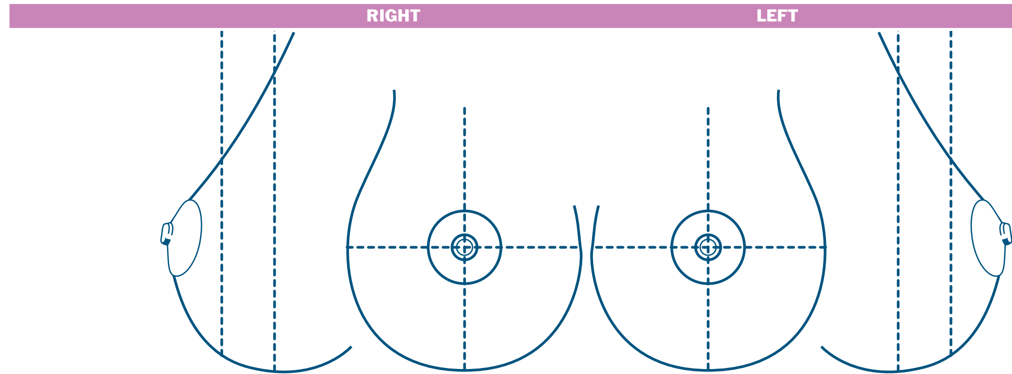
100 Commons Way
Suite 110
Holmdel, NJ 07733
T: 732.671.6618
F: 732.671.7353
holmdelimaging.com

TECHNOLOGIST:

Notes:

REPEAT / REJECT ANALYSIS

Number of films: Number of repeats: Reason:



RADIOLOGIST:

RADIOLOGIST 2:

CAD:

IMPRESSION

		CHECK ONE
①	Negative	❏
②	Benign	❏
③	Probably benign	❏
④	Biopsy	❏
	A Low	❏
	B Intermediate	❏
	C Moderate	❏
⑤	Malignant	❏
⑥	Known malignancy	❏
⑦	Needs additional evaluation	❏

Notes:

FOLLOW UP RECOMMENDATIONS

		CHECK ONE
	NORMAL	
N	Normal screening interval, follow ACS	❏
N-1	Normal with 1 year follow up	❏
N-6	Normal with 6 month follow up	❏
	INTERMEDIATE	
I-U	Ultrasound	❏
I-T	Take action if highly suggestive of malignancy	❏
I-Y	Cytological analysis	❏
I-P	Additional projections	❏
I-D	Clinical assessment	❏
I-S	Spot Compression	❏
I-M	Magnification views	❏
	SHORT TERM	
F-OF	Need outside films	❏
F-6	6 month follow up	❏
F-3	3 month follow up	❏
F-U6	Us in 6 months	❏
	SURGICAL	
B	Biopsy should be considered	❏