This document is for the internal use of EVDI Medical Imaging. Information and notations should not be considered as official findings or history for this examination. Please refer to the finalized exam report.

PT NAME:_____

BD:_____**MRN:**_____**DATE:**_____

COMPLETE OR PLACE PT ID LABEL HERE

MRI BREAST QUESTIONNAIRE

Primary care physician:_____ **Next appointment date:**_____

Surgeon:_____ **Patient age:**_____

Reason for MRI exam:

YES	NO			
		Family history of breast cancer		
		Abnormal imaging study		
		Implants ☐ Saline ☐ Silicone		
			Right	Left
		Known breast cancer		
		Breast lump		
		Enlarged gland under arm		
		Pain in breast		
		Nipple discharge		
		Other:		

Previous breast procedures: (If you have had any of the following exams, provide dates and facility location)

Procedure	Date	Facility
Mammogram		
Breast ultrasound		
Breast MRI		
PET scan		

Previous breast needle (core) biopsy:

YES	NO	Breast	Date(s)	Benign	Malignant
		Right			
		Left			

Previous breast surgery:

YES	NO	Procedure	Date(s)	Benign	Malignant
		Right biopsy / lumpectomy / mastectomy			
		Left biopsy / lumpectomy / mastectomy			
		Augmentation			
		Reduction / Lift			

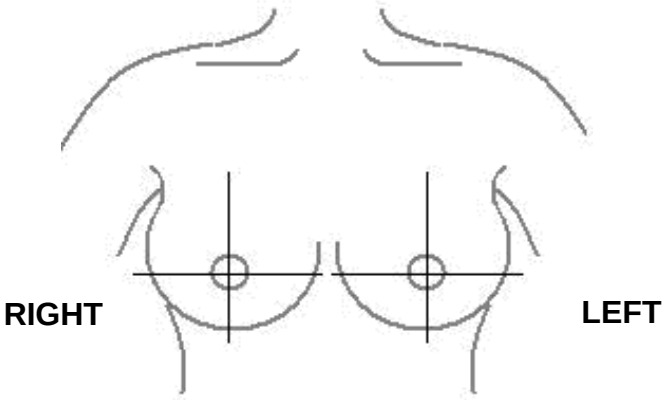
Place a checkmark to indicate YES or NO and provide other applicable information:

YES	NO	
		Have you had radiation therapy?
		Have you had chemotherapy?
		Are you still having menstrual cycles? If yes, first day of last period:_____ Total number of days in your normal cycle, from the lst day of your previous period to the lst day of the next period:_____
		Are you pregnant? If yes, how many weeks?_____
		Are you breast feeding?
		Have you had a hysterectomy? If yes, ☐ Partial or ☐ Complete
		Have you ever taken estrogen hormones? If yes, hormone name:_____ How long:_____
		Did you stop taking estrogen hormones? If yes, when?_____

Have any of the following family members had breast or ovarian cancer?
(Place a checkmark beside YES or NO for those applicable and provide additional information)

YES	NO	Relative	Breast cancer	Ovarian cancer	Age when diagnosed
		Mother			
		Sister			
		Daughter			
		Grandmother			
		Aunt			

FOR TECHNOLOGIST USE: O = Lump X = Pain / = Scar



Technologist:_____