Breast MRI Questionnaire

Name: ___________________________  Birth Date: ___/___/___
Primary Physician: ____________________ Surgeon: ____________________ Next appointment ___/___/___

Reason for Exam:
- ___ screening, no problems or symptoms
- ___ known recent/current breast cancer
- ___ breast lump or thickening
- ___ nipple discharge/abnormality
- ___ enlarged lymph glands under arm
- ___ breast pain
- ___ right  ___ left
- ___ follow-up to previous MRI
- ___ implant problem
- ___ right  ___ left
- ___ neoadjuvant therapy follow-up
- ___ other: ________________________

Are you currently pregnant or breast feeding?  ___ Yes  ___ No

Are you still menstruating?  ___ Yes  ___ No  If yes, first day of last menstrual period ___/___/___
Normal cycle length (days from one period to the next): __________

Have you taken hormones? (birth control or hormone replacement)  ___ Yes  ___ No
Type: ____________________________ When did you stop? ___/___/___

Do you have a family history of breast cancer?  ___ Yes  ___ No  If yes, please check any that apply.
Mother_____  Aunt_____  Sister_____  Grandmother_____  Daughter_____
Approx. age when diagnosed: _____________________________

Are you a breast cancer gene carrier?  ___ Yes  Date of test __________  ___ No  ___ Unknown/never tested

Do you have a history of Hodgkin’s lymphoma?  ___ Yes  ___ No
If yes, describe previous treatment: _____________________________

Have you had a mammogram?  ___ Yes  ___ No  Date ___/___/___  Where?
Breast ultrasound?  ___ Yes  ___ No  Date ___/___/___  Where?
Previous breast MRI?  ___ Yes  ___ No  Date ___/___/___  Where?

Have you had any of the following?
- Cyst aspiration  Left ___  Right ___  DATE and RESULTS
- Needle biopsy
- Surgical biopsy
- Lumpectomy for cancer
- Radiation therapy
- Implants: Saline/Silicone
- Breast reduction surgery
- Mastectomy
- Chemotherapy  ___ Yes  ___ No  Date ___/___/___

IF THERE IS ANY LUMP OR PALPABLE ABNORMAlITY, PLEASE INDICATE THE LOCATION ON THIS DIAGRAM.