

O'SULLIVAN RADIOLOGY

Breast, Bone & Body Digital Imaging
6915 N. Main St., Victoria, Texas 77904
361-572-3139 fax 361-572-8610

Breast Questions for Mammogram

DOLV _____ DATE _____

DOB _____ Email: _____ FILM# _____

NAME: _____ Cell #: _____ AGE: _____

PHYSICIAN(S) TO RECEIVE REPORT: _____

IS THIS YOUR FIRST MAMMOGRAM? YES _____ NO _____

LAST MAMMOGRAM: PLACE & YEAR: _____

BREAST CLINICAL HISTORY

SYMPTOMATIC LUMP	YES___ NO___	RIGHT___ LEFT___	NEW___ OLD___
DISCOMFORT OR PAIN	YES___ NO___	RIGHT___ LEFT___	NEW___ OLD___
NIPPLE DISCHARGE	YES___ NO___	RIGHT___ LEFT___	NEW___ OLD___ COLOR___

PERSONAL HX BREAST CANCER YES___ NO___ RIGHT___ LEFT___ AGE___ YEAR___

PREVIOUS BREAST SURGERY

BREAST NEEDLE BIOPSY	YES___ NO___	RIGHT___ LEFT___	BENIGN___ CANCER___
BREAST SURGICAL BIOPSY	YES___ NO___	RIGHT___ LEFT___	BENIGN___ CANCER___
LUMPECTOMY	YES___ NO___	RIGHT___ LEFT___	
MASTECTOMY	YES___ NO___	RIGHT___ LEFT___	
TRAM FLAP	YES___ NO___	RIGHT___ LEFT___	
BREAST IMPLANTS	YES___ NO___	RIGHT___ LEFT___	
BREAST REDUCTION	YES___ NO___	RIGHT___ LEFT___	
BREAST LIFT	YES___ NO___	RIGHT___ LEFT___	

FAMILY HX OF BREAST CANCER & DIAGNOSIS AGE IF KNOWN:

1ST DEGREE: MOTHER___ SISTER___ DAUGHTER___ FATHER___ BROTHER___

2ND DEGREE: GRANDMOTHER___ AUNT___ NIECE___ GRANDDAUGHTER___ HALF SISTER___

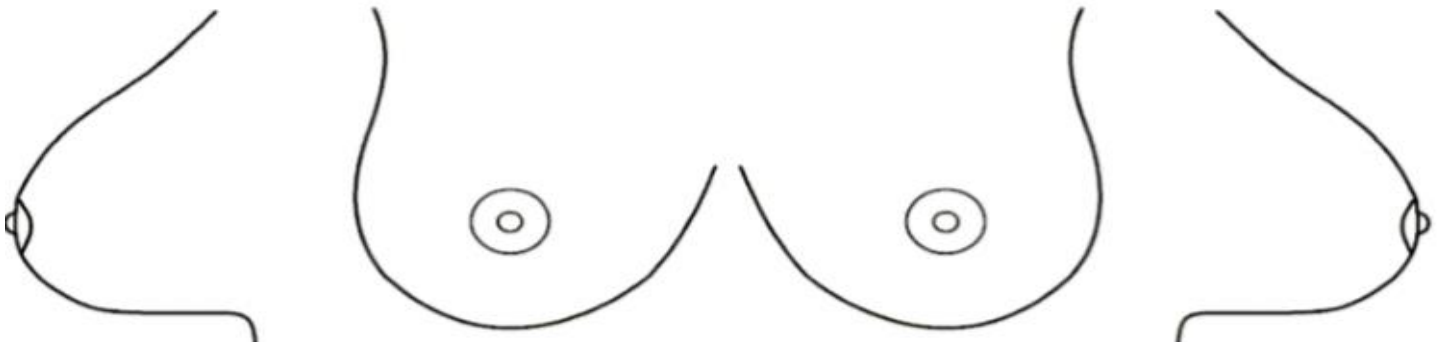
3RD DEGREE: FIRST COUSIN___ GREAT GRANDMOTHER___ GREAT AUNT___ GREAT NIECE___

RIGHT
SIDE VIEW

RIGHT
FRONT VIEW

LEFT
FRONT VIEW

LEFT
SIDE VIEW



+++ SCAR

△ PALPABLE LUMP

○ SKIN LESION/MOLE

/// THICKENING

~~~~~ PAIN