Southwest X Ray®
Affordable ADVANCED TECHNOLOGY

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MAMMOGRAM QUESTIONNAIRE

NAME:	DOB:
History of Angina/Diabetes/ High Blood Pressure:	Referring Physician
Surgeries:	Was This Exam Explained to you?
Number of Pregnancies:	Have you had a previous Mammogram? Where?
Number of Deliveries:	Do you have any problems with your breasts?
Abortions:	Do you check your breasts?
Age at First Pregnancy:	Medications:
Age at your Last Pregnancy:	
Age when First Menstrual Period Began:	
Last Menstrual Period:	

	MEDICAL HISTORY	BREAST CANCER	OTHER TYPES OF CANCERS
Yourself			
Grandmother			
Mother			
Daughter			
Sister			
Aunt			

Comments:

FOR OFFICE USE ONLY:

HAVE YOU EVER HAD: (show appropiate area)	DISCOMFORT, PAIN, or SORENESS	LUMPS	NIPPLE DISCHARGE	BIOPSY	MASTECTOMY (BREAST REMOVAL)	OTHER BREAST PROBLEMS
LEFT BREAST						
RIGHT BREAST