



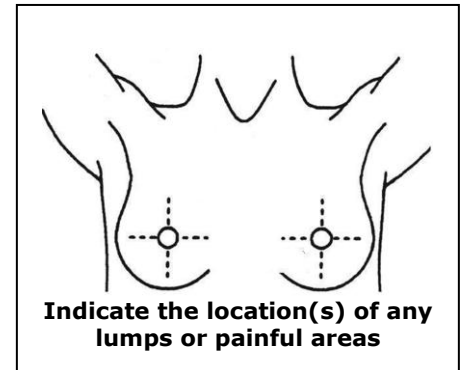
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Breast MRI Questionnaire

Reason for Exam:

- _____ Implants
- _____ Dense tissue
- _____ Breast lump – which breast? _____
- _____ Breast pain – which breast? _____
- _____ Nipple discharge – which breast? _____
- _____ Known breast cancer – which breast? _____
- _____ Family history of breast cancer
- _____ Other: _____



Prior Exams:

- _____ Mammogram – If not here, where/when? _____
- _____ Breast ultrasound – If not here, where/when? _____
- _____ Breast MRI – If not here, where/when? _____

Prior Breast Surgery:

- Have you ever had any type of breast surgery? Yes No
- If yes, what type of surgery did you have? _____
- When was it performed? _____

Menstruation:

- Are you still menstruating? Yes No
- If yes, when was the first day of your last menstrual cycle? _____

General:

- Are you breastfeeding? Yes No
- Are you taking or have you ever taken any hormones, including birth control? Yes No
- If yes, what type? _____
- If you no longer take them, when did you stop? _____

History:

- Do you have any family history of breast cancer? Yes No
- If yes, please list which relatives:
- _____

- Have you been tested for the breast cancer gene? Yes No
- If yes, are you a carrier of the gene? Yes No