**Breast Screening Questionnaire**

Please indicate any current problems you are having with your breasts and/or nipples. If not applicable, please write “none” or “n/a.”

<table>
<thead>
<tr>
<th>Lump? If yes, which breast(s)?</th>
<th>Nipple discharge? If yes, which breast(s)?</th>
<th>Pain or soreness? If yes, which breast(s)?</th>
</tr>
</thead>
</table>

**Prior Breast Imaging**

- Have you had any previous breast imaging? [ ] Yes [ ] No
- IF NOT HERE, where/when? _________________________________

**1) Personal and Family Cancer History**

<table>
<thead>
<tr>
<th>Type of cancer</th>
<th>You, age at diagnosis</th>
<th>Siblings/Children, age(s) at diagnosis</th>
<th>Mother’s side, age(s) at diagnosis</th>
<th>Father’s side, age(s) at diagnosis</th>
</tr>
</thead>
<tbody>
<tr>
<td>Breast cancer</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ovarian cancer</td>
<td></td>
<td></td>
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<tr>
<td>Breast cancer in both breasts OR multiple primary breast cancers</td>
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<tr>
<td>Male breast cancer</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

- Are you of Ashkenazi Jewish descent? [ ] Yes [ ] No
- Have you ever had a BRCA genetic test? [ ] Yes [ ] No

**If YOU have ever been diagnosed with breast cancer, please answer the following questions.**

- When were you diagnosed? __________________________
- Which breast(s)? __________________________
- Have you taken Tamoxifen? [ ] Yes [ ] No
- Have you undergone radiation therapy? [ ] Yes [ ] No
- Have you undergone chemotherapy? [ ] Yes [ ] No

**2) General Information**

- Age menstruation began: ________
- Age first full term pregnancy: ________
- Number of live births: ________
- Age at menopause: ________
- Are you pregnant? [ ] Yes [ ] No
- Last menstrual period: __________________________
- Are you currently breastfeeding? [ ] Yes [ ] No

**CONTINUED on the next page**
3) BREAST SURGICAL HISTORY

Have you ever had any type of breast surgery?  □ Yes □ No

**IF YES, please mark which type(s) below. If NO, please continue to the next section.**

- □ Cyst aspiration:
  - Which breast(s)? _______ When? _______
- □ Needle biopsy:
  - Which breast(s)? _______ When? _______
- □ Stereotactic biopsy:
  - Which breast(s)? _______ When? _______
- □ Excisional biopsy:
  - Which breast(s)? _______ When? _______
- □ Lumpectomy:
  - Which breast(s)? _______ When? _______
- □ Mastectomy:
  - Which breast(s)? _______ When? _______
- □ Breast reduction:
  - Which breast(s)? _______ When? _______
- □ Breast implants:
  - Which breast(s)? _______ When? _______
  - Silicone or saline? ____________________
- □ Implant replacement or removal?
  - Which breast(s)? _______ When? _______

4) GENERAL SURGICAL HISTORY

Have you had a hysterectomy?  □ Yes □ No
  - If yes, when? __________________________

Have you had one or both of your ovaries removed?  □ Yes □ No
  - If yes, when? __________________________

5) HORMONE THERAPY

Do you currently take or have you ever taken any type of hormone replacement (including estrogen, progesterone, and oral contraceptives)?  □ Yes □ No
  - If yes, when? __________________________
  - Which hormone(s)? ______________________

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I attest that the above answers are true and correct to the best of my knowledge.

Signature: __________________________________________ Date: __________________
Printed name: _______________________________________
Breast Ultrasound Consent

Dear Patient:

Bellevue Medical imaging is here to serve your medical imaging needs. We strive to provide excellent patient care services through each visit. As such, we also like to keep our patients informed of practices and policies of the insurance industry that might affect you.

In addition to today’s annual screening mammogram, you have been scheduled for a Breast Ultrasound, which is considered to be a diagnostic procedure based on most insurance types. The reason we schedule both of these procedures is because in contrast to mammography, breast ultrasound is most successful in finding cancers in women with dense breasts. Although most insurance covers this exam, there have been occasions that insurance due to the diagnostic nature of this procedure, might apply the cost of this procedure to any deductibles or co-insurance amounts based on your medical benefits. We strongly urge that all of our mammography patients have this exam as it has been successful in providing a complete whole breast screening to our patients and can be more effective in detecting breast cancer than just a screening mammogram alone. The typical cost for a diagnostic breast ultrasound is usually around $125 per breast, for a total of approximately $250, which could be passed on to you based on your insurance type. The procedure code that we use to bill the insurance is 76641 (CPT). If you have any questions on whether your insurance will cover this exam, please feel free to provide your insurance with the CPT code and inform them that it will be billed as a Diagnostic procedure in correlation to your screening mammogram.

We accept all major credit and Debit Cards, in addition to personal checks and cash. Should you ask us to bill your insurance company, and the claim is denied, we must follow government regulations in fair medical billing practices and pass the Regular Price of this procedure on to you, the patient. Most Health Savings Accounts and Flexible Spending Plans cover the cost of this exam and our billing department would be happy to provide you with a ledger for your reimbursement needs.

Thank you for choosing Bellevue Medical Imaging!

Signature: ___________________________ Date: ________________________

Printed name: ___________________________