

McLaren Print System Order

Order No: 57432 Reprint Previous Order No: 56560
Order Date: 2020-10-06
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
1100 South Van Dyke Rd
Bad Axe, MI 48413

Forms

Quantity: 100
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 020.105.06-18
Item Description: Mammogram - Questionnaire.pdf
Revision Date: 06/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

McLaren 1100 S. Van Dyke
THUMB REGION Bad Axe, Michigan
Mammogram -Questionnaire

To be filled out by the patient

Note: If there is discomfort or powder on your breast or on your underarms, please wash it off before you have the mammogram. Ask the technologist for help if you need it.

Name _____ Date of Birth _____ Age _____
Referring Physician _____ Today's Date _____

Yes No 1. Have you had a mammogram before? When _____
When _____

Yes No 2. Do you practice self-examinations of the breasts monthly? _____

Yes No 3. Have you had a cyst? Your age at 1st birth _____

Yes No 4. Have any of the following family members had BREAST CANCER?
____ Mother She was _____ years old when it was found
____ Sister She was _____ years old when it was found
____ Daughter She was _____ years old when it was found
____ Grandmother She was _____ years old when it was found
____ Aunt She was _____ years old when it was found
____ Cousin She was _____ years old when it was found

Yes No 5. Are you pregnant? _____

Age at Menopause _____

Yes No 7. Are you taking hormones (Estrogen, Progestin, Progesterone, Testosterone)?
Name of hormone _____

Yes No 8. Have you gain or lost weight since your last mammogram?
I have gained _____ pounds or lost _____ pounds

Yes No 9. Have you ever had any type of cancer? What type _____
When was it found? _____

Yes No 10. Have you ever had breast surgery?
____ Mastectomy Rt. _____ Lt. _____ When? _____ Diagnosis? _____
____ Mastectomy Rt. _____ Lt. _____ When? _____ Diagnosis? _____
____ Mastectomy Rt. _____ Lt. _____ When? _____ Diagnosis? _____
____ Breast Implant Rt. _____ Lt. _____ When? _____ Diagnosis? _____
____ Liposuction Rt. _____ Lt. _____ When? _____ Diagnosis? _____

Yes No 11. Have you had radiation therapy or chemotherapy for breast cancer?
When was your last treatment? _____

Yes No 12. Are you having problems with either breast?
Specify: _____

To be filled out by the Technologist

Check: Breast surface (including under armpits) _____
Nipple inverted? (checkmark) _____ How long? _____
Breast size discrepancy _____ Breast _____

Technician signature _____



020.105.06-18