

BREAST MRI QUESTIONNAIRE

Patient Name: _____ DOB: _____
Referring Physician: _____
Other physician(s) to receive report: _____
Patient fax: _____ Patient e-mail address: _____

1. Why are you having this examination (medical problem)?

2. Have you had an MRI examination before? ___No ___Yes When: _____
Location: _____ Body Part: _____
3. Have you received contrast agent or X-ray dye used on MRI, CT or other X-ray or study?
___No ___Yes Described: _____
4. Date of last menstrual period or hysterectomy: _____
5. Are you pregnant or do you suspect you may be pregnant? ___No ___Yes
6. Are you breast-feeding? ___No ___Yes
7. Number of pregnancies: _____ 13. Age at first live birth: _____
8. Number of live births: _____ 15. Did you breastfeed? ___No ___Yes
9. Did you take birth control pills: ___No ___Past use ___Yes, currently
Birth control pills: _____
10. Do you currently take hormones? ___No ___Yes
Hormones: _____
11. Do you take any post-menopausal medications? ___No ___Past use ___Yes, currently
Medications: _____

12. Have you been diagnosed with the following:

No	Right	Left	Age	
___	___	___	___	Atypical Ductal Hyperplasia (ADH)
___	___	___	___	Atypical Lobular Hyperplasia (ALH)
___	___	___	___	Multiple papillomas
___	___	___	___	Lobular Carcinoma In-Situ (LCIS)
___	___	___	___	Non-Invasive Ductal Carcinoma In-Site (DCIS)
___	___	___	___	Invasive breast cancer
	No	Yes	Age	
___	___	___	___	Hodgkin's Disease
___	___	___	___	Positive for breast cancer mutations
___	___	___	___	Ovarian cancer
___	___	___	___	DES Exposure

13. Have you had any of the following procedures or treatment?

No	Right	Left	Age	
___	___	___	___	Lumpectomy for cancer
___	___	___	___	Mastectomy
___	___	___	___	Radiation
___	___	___	___	Benign Biopsy
___	___	___	___	Chemotherapy
___	___	___	___	Hormone Therapy
___	___	___	___	Tamoxifen

14. Do you have any family members diagnosed with breast or ovarian cancer?

Breast	Ovarian	Age at Diagnosis	
___	___	___	Mother
___	___	___	Sister
___	___	___	Daughter
___	___	___	Cousin
___	___	___	Aunt
___	___	___	Grandmother
___	___	___	Father
___	___	___	Grandfather
___	___	___	Brother
___	___	___	Son
___	___	___	Uncle
___	___	___	Other

15. Present breast abnormalities (please indicate which breast and check all that apply):

Right	Left	
___	___	Breast thickening
___	___	Breast lump
___	___	Pain/Tenderness
___	___	Nipple discharge
___	___	Nipple retraction
___	___	Fibrocystic
___	___	Implant integrity
___	___	Other _____
___	___	Follow-up to suspicious mammogram/ultrasound findings _____
___	___	Cancer elsewhere _____