

Today's Date: \_\_\_\_\_  
 Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
 Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
 Zip: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_ SSN: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_ Office Phone: \_\_\_\_\_  
 Henderson & Walton Dr.: \_\_\_\_\_ Date of Visit: \_\_\_\_\_  
**Last Mammogram Exam:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_  
**Under what name?** \_\_\_\_\_ **Physician at that time?** \_\_\_\_\_  
**Date of Last Period** \_\_\_\_\_ **Last M.D. Breast Exam:** \_\_\_\_\_

**Known Patient Data**

**Known Referring Doctor**

- Please sign below to document that you are not pregnant.
- I authorize obtaining or releasing my breast health records for comparison and follow-up.

**Patient's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Known Medical History**

**Reason for Today's Exam:**  
 Routine Screening: \_\_\_\_\_ Baseline \_\_\_\_\_ Follow-up \_\_\_\_\_  
 Lump: No \_\_\_\_\_ Yes \_\_\_\_\_ When noticed? \_\_\_\_\_  
 Describe: \_\_\_\_\_  
 Nipple Discharge: No \_\_\_\_\_ Yes \_\_\_\_\_ Color? \_\_\_\_\_  
**History:**  
 \_\_\_\_\_ Personal history of breast cancer - Age \_\_\_\_\_  
 Hysterectomy: No \_\_\_\_\_ Yes \_\_\_\_\_ When: \_\_\_\_\_ (Age or Year)  
 Hormones: No \_\_\_\_\_ Yes \_\_\_\_\_ When: \_\_\_\_\_ (Age or Year)

**Known Risk Factors**

**Family History of Breast Cancer - check those that apply**  
 \_\_\_\_\_ Aunt \_\_\_\_\_ Grandmother \_\_\_\_\_ Cousin  
 \_\_\_\_\_ Mother \_\_\_\_\_ Sister \_\_\_\_\_ Daughter  
 \_\_\_\_\_ Pre-menopausal \_\_\_\_\_ Post-menopausal \_\_\_\_\_

**Prior Breast Procedures:**  
**Please indicate year done & which breast.** **If previous breast cancer:**  
 Implants \_\_\_\_\_ Mastectomy \_\_\_\_\_  
 Reduction \_\_\_\_\_ Lumpectomy \_\_\_\_\_  
 Biopsy (excisional) \_\_\_\_\_ Chemotherapy \_\_\_\_\_  
 Biopsy (needle) \_\_\_\_\_ Radiation \_\_\_\_\_  
 Stereotactic Biopsy \_\_\_\_\_  
 Aspiration \_\_\_\_\_

**Previous Procedures**

**PLEASE DO NOT WRITE IN THIS SPACE:**

Click "Send" below to email form to Henderson & Walton Women's Center

**Notes** \_\_\_\_\_

**Tech Initials:** \_\_\_\_\_