



MRI BREAST PATIENT QUESTIONNAIRE

NAME _____

DATE _____ DATE OF BIRTH _____

PLEASE ANSWER EACH QUESTION AS ACCURATELY AS POSSIBLE

Reason for today's exam: (check all that apply & circle appropriate side)

Dense Breasts on Mammo _____ Enlarged Lymph Glands under arm _____ (Right/Left) Breast Lump _____ (Right/Left)
Known Breast Cancer _____ (Right/Left) Nipple Discharge _____ (Right/Left) High Lifetime Risk Assessment _____ If yes, what % _____
Other _____

Previous Studies

Mammogram Yes ___ No ___ Date ___/___/___ Where? _____

Ultrasound Yes ___ No ___ Date ___/___/___ Where? _____

MRI Yes ___ No ___ Date ___/___/___ Where? _____

Have you ever been diagnosed with breast cancer? Yes ___ No ___ If yes, right or left (circle one)? Date ___/___/___

Previous breast surgeries or biopsies? Yes ___ No ___ Dates _____

Right ___ Left ___ Benign ___ Malignant ___

Have you ever had Chemotherapy for breast cancer? Yes ___ No ___ Dates _____

Have you ever taken Tamoxifen for breast cancer? Yes ___ No ___ Dates _____

Have you ever had Radiation Therapy for breast cancer? Yes ___ No ___ Dates _____

Have you had genetic testing for the BRCA gene? Yes ___ No ___ Result _____

Breast Implants? Yes ___ No ___ If yes, what type of implants: _____

Do you have a tissue expander present at this time? Yes ___ No ___

Are you having monthly menstrual cycles? Yes ___ No ___ If yes, first day of last menstrual period ___/___/___

Normal cycle length (Days from one period to the next) _____

Are you currently taking hormone therapy or oral contraceptives? Yes ___ No ___ Medication and dosage _____

Family history of breast cancer? Yes ___ No ___ If yes: Mother ___ Sister ___ Grandmother ___ (paternal or maternal?)
Aunt ___ (paternal or maternal?)

