

MRI Breast Questionnaire

Patient Name: -
MRN: -
Study Name: -

Examination Date: -
Appointment ID: -



MRI Breast Questionnaire

Your Primary MD: Surgeon:

Reason for Exam: Breast Lump (please indicate right or left)
 Enlarged Lymph Glands under arm
 Known Breast Cancer (please indicate right or left)
 Nipple Discharge
 Implants
 Other

Previous Mammogram? Yes No Date Where

Previous Breast Surgery? Yes No Date
 Right Left Benign Malignant

Are you still Menstruating? Yes No If Yes, First day of last menstrual period

Normal cycle length (days from one period to the next)

Have you taken Hormones? (Birth control or Hormone replacement) Yes No Type?
When did you stop?

Family History of Breast Cancer? Mother Aunt Sister Grandmother

Next appointment with your physician or surgeon? None scheduled