

Diagnostic Radiology, Ultrasound & Breast Center, P.C.

755 Mt Vernon Hwy Suite 310 Atlanta, GA 30328
Ph# 404-252-3430 Dr. Carolyn G. Dudley

Chart # _____

SS# _____ Date: _____

Name _____

Date of Birth _____ Age _____

Address _____

Home Ph# _____ Preferred _____

Work Ph # _____ Preferred _____

Cell # _____ Preferred _____

Email: _____

Preferred language: ___ English ___ Other: _____

Race: ___ Asian ___ African American or Black

___ White ___ Other: _____

Ethnicity: ___ Not Hispanic or Latino ___ Hispanic/Latino

Referring Physician(s): _____

Age at your first pregnancy: _____

Did you breastfeed? ___ Yes ___ No

Are you taking hormones? ___ Yes ___ No

Are you pregnant now? ___ Yes ___ No

Date of your last menstrual period: _____

Date of your last Pap smear: _____

Weight gain or loss of 10 lbs. or more: ___ Yes ___ No

Do you smoke: ___ Yes ___ No

Do you have any medication allergies: ___ Yes ___ No

If yes, please list: _____

Please, list your current medications (or provide list)

Family History of breast cancer? ___ Yes ___ No

Who? _____ Age ___ Maternal ___ Paternal side

_____ Age ___ Maternal ___ Paternal side

Have **you** had cancer? ___ **Breast** ___ Colon ___ Uterus ___ Ovaries

___ Melanoma ___ Cervical ___ Other: _____

Surgery to breast? ___ Yes ___ No

L R Surgical Biopsy ___ Yes ___ No

L R Needle Core biopsy ___ Yes ___ No

L R Lumpectomy for malignancy ___ Yes ___ No

L R Cyst aspiration (fluid removal) ___ Yes ___ No

L R Mastectomy ___ Yes ___ No

L R Breast Reduction ___ Yes ___ No

L R Implants(Breast augmentation) ___ Yes ___ No

L R Implants removed ___ Yes ___ No

Treatment for breast cancer ___ Yes ___ No

Radiation to the chest for cancer treatment ___ Yes ___ No

Chemotherapy ___ Yes ___ No

Prior mammogram: ___ Yes ___ No

Where: ___ Diagnostic Radiology ___ Other location: _____

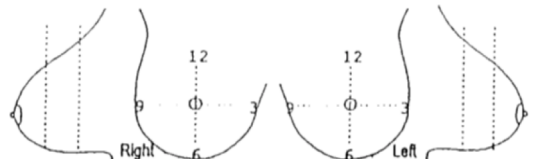
Reason for mammogram: ___ Yearly (well woman)

Problem: _____

Last breast exam by physician: _____

Office use only

Mammographer: _____ RT (R)(M) date: _____



•American Cancer Society Guidelines for Early Detection in Women without Symptoms

- Mammogram: Yearly mammograms are recommended starting at age 40 and continuing for as long as woman is in good health.
- Clinical breast exam: Clinical breast exam should be part of a periodic health exam-about every 3 years for women in their 20s and 30s and every year for women 40 and over. Breast awareness and breast self-exam: Women should know how their breasts normally feel and report any breast change promptly to their health care providers. Breast self-exams are an option for women starting in their 20s.
- Breast magnetic resonance imaging (MRI): Screening MRI is recommended for women with an approximately 20-25% or greater lifetime risk of breast cancer, including women with a strong family history of Breast or Ovarian cancer and women who were treated for Hodgkin's disease.
- A negative or benign diagnosis should not mitigate against or delay biopsy if clinically suspicious or indeterminate breast lesion is present.
- Mammography is a very important factor in the successful diagnosis of abnormalities of the breasts. By studying a mammogram it is often possible to detect and identify problem areas early and, as a result, begin an effective and successful treatment program. There is however, a possibility that a mammogram will not reveal a problem area. This fact is mentioned not to frighten you, not to alter your faith in our mammogram programs, but simply so you will understand that a mammogram is not capable of detecting every problem. However, having a mammogram greatly reduces the risk of problem areas going undetected, and we are happy to offer our mammogram services to you.

Patient signature: _____

Date: _____