



7316

# Patient Intake (Tech.) Form

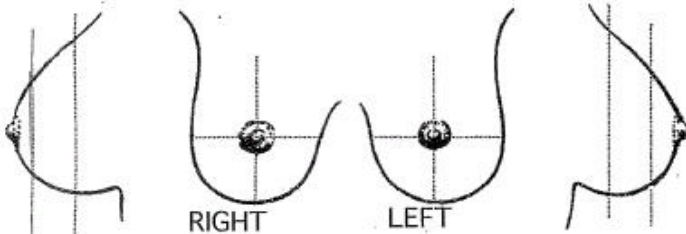
DATA LINKS

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
 Last First Middle mm dd yy yy  
 Tech Initial  
 Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ Tech Initials: \_\_\_\_\_ Medical Record #: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
 mm dd yyyy  
 Referring Referring  
 Physician's Name: \_\_\_\_\_ Physician's Town: \_\_\_\_\_

When was the Patient's last mammogram? [ ] [ ] / [ ] [ ] / [ ] [ ] [ ] [ ] Location/State: \_\_\_\_\_  
 m m d d y y y y  
 The Patient has never had a mammogram

**Has the Patient had any breast changes?** IF YES → **Type of change(s):** L R B  
 No changes IF YES, how many months ago did the changes occur? [ ] [ ] months  
 Lump . . . . .     
 Nipple Discharge . . . . .     
 Pain . . . . .     
 Other (please specify) . . .

**Has the Patient had any breast procedures?**  
*(Shade all that apply)*  
 No procedures IF YES → **Type of procedure(s):** L R B Date(s) Completed  
 Fine Needle or Cyst Aspiration .    \_\_\_\_\_  
 Needle Biopsy . . . . .    \_\_\_\_\_  
 Surgical Biopsy . . . . .    \_\_\_\_\_  
 Lumpectomy (for breast cancer)    \_\_\_\_\_  
 Mastectomy . . . . .    \_\_\_\_\_  
 Radiation Therapy . . . . .    \_\_\_\_\_  
 Breast Reconstruction . . . . .    \_\_\_\_\_  
 Breast Reduction . . . . .    \_\_\_\_\_  
 Breast Implants (still present) . .    \_\_\_\_\_



RIGHT LEFT

Comments: \_\_\_\_\_  
 \_\_\_\_\_

**Has the Patient ever been diagnosed with breast cancer?** IF YES, which breast(s)?  L  R  B  
 No  Yes At what age was the Patient first diagnosed? [ ] [ ] yrs old

**Is there a family history of breast cancer?**  
 No  Yes  Unknown IF YES, please specify →  Mother  Sister(s)  
 Other  Daughter(s)

**Have the Patient's periods stopped permanently?**  
 No  Yes  Not Sure

**Is the Patient currently taking any of the following hormone medications? (shade all that apply)**  
 Hormone replacement therapy (HRT) (e.g., Premarin) IF HRT:  Estrogen  Progesterone  Both  
 Hormones for birth control  Tamoxifen  Other hormone \_\_\_\_\_  
 Not currently taking hormone medication  Natural hormone supplements

Films Taken: (shade all that apply)	L	R	B	Digital
Standard screening views . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Diagnostic views (additional mag, cone, compression) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other breast imaging . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	



1. INDICATION FOR EXAM:

- Asymptomatic Screening Mammogram
- Evaluation of a Breast Problem
- Short Interval Follow-Up (to Evaluate Stability)
- Additional Evaluation of a Recent Mammogram (Reported Separately from Screen)

2. INFORMATION AVAILABLE AT TIME OF ASSESSMENT:

	Yes	No
Comparison Films . . . . .	<input type="radio"/>	<input type="radio"/>
Breast Ultrasound . . . . .	<input type="radio"/>	<input type="radio"/>
Result of Recent Clinical Breast Exam . . . .	<input type="radio"/>	<input type="radio"/>

3. BREAST COMPOSITION: (Choose ONE and code by densest breast)

- Fat
- Scattered
- Heterogenously Dense
- Extremely Dense

4. ASSESSMENT: (Choose ONE per breast)

B  Negative (ACR 1)

		L	R	B
L <input type="radio"/>	(ACR 0) Needs Additional Imaging Evaluation . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R <input type="radio"/>	(ACR 2) Benign Finding-Negative . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	(ACR 3) Probably Benign Finding . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	(ACR 4) Suspicious Abnormality . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	(ACR 5) Highly Suggestive of Malignancy. . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. RECOMMENDATION: (Choose all that apply)

B  Routine Screening Mammogram

		L	R	B	
L <input type="radio"/>	Follow-up Mammogram at Short Interval . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	in
R <input type="radio"/>					<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

months

**Immediate Work-up**

Additional Views . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuclear Medicine . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MRI . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Consult (consider biopsy) . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNA . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsy . . . . .	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional Comments (optional):

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Rad. Initials

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