



# Patient Intake (Tech.) Form



11/01 - present

DATA LINKS

Name: \_\_\_\_\_ Date of Exam: \_\_\_\_ - \_\_\_\_ - \_\_\_\_  
Last First Middle Initial mm dd yyyy

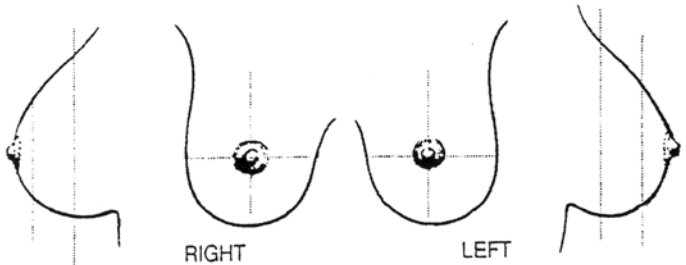
Medical Record #: \_\_\_\_\_ Tech Initials: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Referring Physician's Name: \_\_\_\_\_ Referring 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) . .    \_\_\_\_\_



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 . . . . .      
Diagnostic views (additional mag, cone, compression) . . . . .      
Other breast imaging . . . . .



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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	<input type="radio"/>	Negative (ACR 1)			
L	<input type="radio"/>	(ACR 0) Needs Additional Imaging Evaluation ..	L	R	B
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	<input type="radio"/>	Routine Screening Mammogram	L	R	B	in
L	<input type="radio"/>	Follow-up Mammogram at Short Interval .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> months
R	<input type="radio"/>					
		<b>Immediate Work-up</b>				
		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): \_\_\_\_\_

Rad. Initials