Breast MRI Worksheet

Please take the time to answer these questions in as much detail as possible. This information is very helpful to the radiologist evaluating your case.

Name: _____ Date of Birth: _____

Date of Last Period: _____ Implants? None / Silicone / Saline

Do you take Birth Control, Hormone Replacement or Hormone Therapy? (circle if appropriate).

Do you have a sister, mother or daughter who had breast cancer before menopause? ☐ Yes ☐ No

Why are you having a Breast MRI today? _____

_____

_____

Date of Last Mammogram: _____ Where was it done? _____

Where are the files: _____ Did you have an ultrasound? ☐ Yes ☐ No

Have you had a recent biopsy? ☐ Yes ☐ No Which side? ☐ Right ☐ Left

When and where? _____ Results if known? _____

Have you ever had breast cancer? ☐ Yes ☐ No Which side? ☐ Right ☐ Left

Have you had Surgery, Chemotherapy or Radiation Therapy? (circle all that apply).

When was it diagnosed and treated? _____

Are you here because of a lump? ☐ Yes ☐ No Where? _____

Additional information you would like us to know _____

_____

_____

Patient Signature: _____ Date: _____ Time: _____

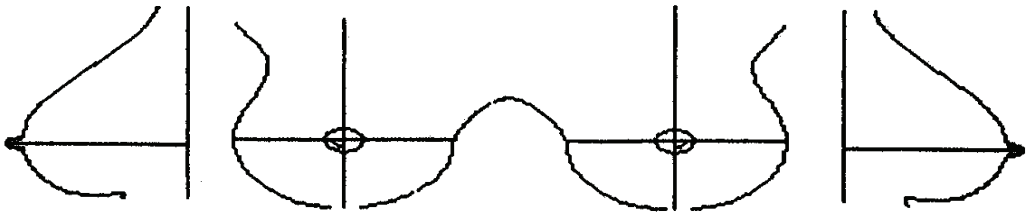
MRI Technologists

Reason for Exam: _____

Are mammograms/ultrasounds here? ☐ Yes ☐ No Have we sent for them? ☐ Yes ☐ No

Subtraction Images done? ☐ Yes ☐ No Slice Thickness used? ☐ Yes ☐ No

Please indicated any scar or marks for palpable lumps below.



Staff Signature: _____ Date: _____ Time: _____

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

☐ Interpreter Accepted _____ ☐ Interpreter Refused

(Name/Number of Person/Services Chosen/Used)