MARTIN HIRSCH, M.D.
SRIDEVI RATAKONDA, M.D.

Radiology Ultrasound
290 Madison Avenue • Bldg. #4
Morristown, NJ 07960
973-538-8181
Fax (973) 538-6565

Radiology
261 James Street, Suite 1E
Morristown, NJ 07960
973-292-3300
Fax (973) 631-1156

MAMMOGRAPHY (HISTORY)

PATIENT NAME _____

PHYSICIAN ORDERING EXAM?_____ DATE: _____ AGE: _____

REASON FOR TODAY'S VISIT:_____ ROUTINE ANNUAL EXAM: ☐ Yes ☐ No

LAST MENSTRUAL PERIOD:_____

PRESENT BREAST SYMPTOMS:

RIGHT		LEFT
☐	SKIN RETRACTION	☐
☐	PAINS	☐
☐	LUMPS	☐
☐	TENDERNESS	☐
☐	BLOODY NIPPLE DISCHARGE	☐
☐	MILKY	☐
☐	BROWN	☐
☐	AMBER	☐

Are these Breast symptoms related to your menstrual period?

☐ Yes ☐ No

Engorgement: ☐ Yes ☐ No

Pain: ☐ Yes ☐ No

HORMONES:

Currently or recently on female hormones?

☐ Yes ☐ No

Length of time on hormones _____

MEDICAL HISTORY:

Have you had mammograms of the breast before: ☐ Yes ☐ No Where? _____

Breast Surgery: ☐ Yes ☐ No When and which breast_____ ☐ Benign or ☐ Cancer

Cysts removed or aspiration: ☐ Yes ☐ No Breast Implants: ☐ Yes ☐ No

FAMILY HISTORY:

Cancer of Breast: ☐ Yes ☐ No

Maternal: ☐ Mother ☐ Sister ☐ Daughter ☐ Grandmother ☐ Grandfather Age at Diagnosis_____

Paternal: ☐ Father ☐ Grandfather ☐ Grandmother ☐ Aunt ☐ Uncle

RADIOLOGICAL AND/OR SONOMAMMOGRAPHIC FINDINGS