Kathy Plesser, MD, PLLC
1440 York Avenue New York, NY 10075

ACCOUNT #_____ DATE:_____

NAME:_____
(Last Name) (First Name) (Middle)

MEDICAL HISTORY:

Have you had a mammogram before? Yes No Where?_____ Date_____
Are you pregnant or nursing a baby? Yes No
Do you still have a period every month? Yes No
Are you taking estrogen hormones? Yes No
If yes, for how long?_____ (pills or vaginal creams)

VERY IMPORTANT:
WHEN WAS YOUR LAST PHYSICAL EXAM OF YOUR BREASTS BY YOUR DOCTOR OR HEALTH CARE PROVIDER? DATE:_____ (APPROXIMATE)

Have you had any of the following surgery or treatment for your breasts?

Biopsy—surgical (circle one)	Yes	No	if yes,	Right	Left	When?_____
Needle Biopsy	Yes	No	if yes,	Right	Left	When?_____
Reduction	Yes	No	if yes,	Right	Left	When?_____
Implants	Yes	No	if yes,	Right	Left	When?_____
Mastectomy (for breast cancer)	Yes	No	if yes,	Right	Left	When?_____
Lumpectomy (for breast cancer)	Yes	No	if yes,	Right	Left	When?_____
Radiation (for breast cancer)	Yes	No	if yes,	Right	Left	When?_____
Chemotherapy (for breast cancer)	Yes	No	if yes,	Right	Left	When?_____
Have you had a breast MRI?	Yes	No	if yes,	Right	Left	When?_____

Do you have a family history of breast cancer? Yes No (circle one)
(mother, sister, aunt, daughter, grandmother, etc.)
If yes: Age of diagnosis:_____

REASON FOR TODAY'S MAMMOGRAM:

Routine exam _____ **Breast Lump**_____ **R**_____**L**_____
Baseline exam _____ **Nipple Discharge** _____ **R**_____**L**_____
Follow up _____ **Other breast problems?**_____

Patient Signature X_____ **Date:**_____
Remarks: please answer all questions and attach your signature on the front and back page. Thank you.

**********TECHNOLOGIST SECTION******CIRCLE BELOW AND MARK DIAGRAM*******

RIGHT		LEFT
R	L	Skin Lesion
R	L	Scar
R	L	Nipple Discharge
R	L	Tender
R	L	Mass
R>L	R<L	Assymetrical

Technologist Signature:_____ Date:_____

Dear Patient:_____ Date:_____

There are several things you should be aware of concerning this examination.

*Mammography is not an exact science. A normal mammogram does not completely guarantee that no cancer is present. Patients should see their physician for a clinical breast examination yearly or if you think you feel a lump or are concerned about other abnormalities in the breast.

*The mammography results will be forwarded to your physician.

*Some patients may experience discomfort in the breast area due to compression during the examination. It is extremely important that you understand that because of adequate compression, the films are clearer and in some cases patients do not require additional films as a result and less radiation is used.

I have read and understand this statement.

Signature_____ Date: _____

Witness _____

PATIENT WAIVER:

I CERTIFY THAT I AM NOT PREGNANT.

PATIENT SIGNATURE _____ Date: _____