Barnabas Health

Saint Barnabas Medical Center
Barnabas Health Ambulatory Care Center

BREAST CENTER

To be completed by the patient

Note: if there is deodorant or powder on your breast or underarms, please wash it off before you have the ***ultrasound.*** *Ask the technologist for help if you need it.*

NAME ______________________ DATE OF BIRTH ______________ AGE _____

REFERRING MD ______________________ TODAY'S DATE ______________

YOUR PRIMARY LANGUAGE ______________________

1. Have you had a breast **ultrasound** before? ☐ YES ☐ NO
   Where and When? ______________________
2. Is this ultrasound routine? ☐ YES ☐ NO Reason for ultrasound ______________________
   (Lump, discharge, retraction, thickening, pain)
3. Have *you* or any family member had breast cancer? ☐ YES ☐ NO

	What Age?		What Age?
Myself		Grandmother	
Mother		Other	
Sister			

4. Have you given birth to a child? ☐ YES ☐ NO Your age at the time of the first birth ______________
   Are you pregnant now? ☐ YES ☐ NO **Date of last period:** ______________
5. Do you or have you used hormones (Estrogen, Premarin, Provera, Tamoxifen, Birth Control Pills?) ☐ YES ☐ NO
   Which type? ______________ How long? ______________ Still using? ______________
6. Have you had surgery on your breast? ☐ YES ☐ NO

	Right (year)	Left (year)
Biopsy	________	________
Mastectomy	________	________
Reduction	________	________
Cyst aspiration	________	________
Radiation	________	________
Lumpectomy for Breast Cancer	________	________
Implants	________	________

ALLERGIES
☐ None

LATEX ______________________ REACTION ______________
MEDICATION ______________________ REACTION ______________
FOOD ______________________ REACTION ______________
OTHER ______________________ REACTION ______________

Patient's Signature ______________________

TO BE COMPLETED BY THE TECHNOLOGIST

☐ Breast surface (moles, keloids)
☐ Nipples – Inverted? Discharge? How long? ______________
☐ Breast size discrepancy Which? ______________
☐ Implants? ______________
Comment ______________________

RIGHT LEFT

QB8314 (REV 4/11)