



Tech Initials: _____

MRN #: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Age: ____ Date of last mammogram: _____

Reason for today's exam: First mammogram ever Annual mammogram

New symptoms may require Doctor's order New symptom/problem 6-month follow-up

*Describe your *new* breast problem and how long you have had it (if applicable): _____

MEDICAL INFORMATION AND RISK ASSESSMENT

FAMILY HISTORY

1. Has anyone in your **Family** been diagnosed with **breast** cancer? Yes No

Mother/Age____ Daughter/age____ Sister/age____

✓ If Yes , please check the relative and age at time of diagnosis: Aunt/Age____ → Maternal Paternal

Grandmother/Age____ → Maternal Paternal

PERSONAL HISTORY

1. **Race:** White African American Hispanic Unknown
 Asian-American American Indian/Alaskan Native

2. **Ethnicity (If applicable):** Chinese Japanese Filipino Hawaiian
 Other Pacific Islander Other Asian-American

3. Have **you** previously been diagnosed with **breast** cancer? Yes No

4. Do **you** have a history of **female** cancer? (*Ovarian, uterine, cervical*) Yes No

5. Known BRCA1 or BRCA2 mutation or similar genetic syndrome? Yes No

6. **Do you take hormones?** Yes No

✓ If Yes , please check the ones you are currently using: Birth control Estrogen Progesterone Evista
 Tamoxifen Arimidex Testosterone

Length of time on hormones: _____ Months Years

7. Age at **first** menstrual period? Age 7-11 Age 12-13 Age 14 or older

8. **Date of your last** menstrual period: _____

9. Are you **post menopausal**? Yes No

10. Are you pregnant? Yes No

11. Age when you had your first child? No Births Under 20 Age 20-24
 Age 25-29 Age 30 + Unknown

BREAST PROCEDURES

1. History of breast biopsy? Yes No Rt Lt Date(s): _____

✓ If Yes , how many times? 1 More than 1

Did any of the biopsies show *atypical* hyperplasia? Yes No
(or other high risk marker on biopsy?)

2. History of mastectomy? Yes No
 Rt Lt Bilateral Date: _____

3. History of lumpectomy? Yes No
 Rt Lt Bilateral Date: _____

4. Treatment: Chemotherapy *with* radiation
 without radiation

5. History of breast reduction surgery? Yes No Date: _____

6. History of breast implant surgery? Yes No Date: _____

Patient Signature: _____

Date: _____

Patient Name: _____

MRN: _____ DOB: _____

Exam: _____

Referring Provider: _____

DIC Location: _____ Date: _____

Patient's Prior Last Name (If Applicable): _____ N/A

Please provide the following information so that we may obtain your latest mammogram and/or other breast imaging records for comparison.

Name of Facility: _____

Address of Facility: _____

City/State/Zip: _____

Phone/Fax: _____

I hereby authorize and request you to release all breast imaging, including copies of reports in your possession to Diagnostic Imaging Centers, P.A.

Please print name

X _____
Patient or authorized signature

Date



REPORTS: Please fax reports to our Medical Records Department at (913) 491-9363.
To reach our Medical Records Staff, please call (913) 327-1771 or (816) 531-1771.



IMAGES: If you are unable to cloud images, please mail CD to our Medical Records department.
Diagnostic Imaging Centers, P.A.
6650 W. 110th St. Suite 100
Overland Park, KS 66211

Thank you!



DIAGNOSTIC IMAGING CENTERS, P.A.

Vaccines of all types can result in temporary swelling of the lymph nodes, including under your arm. This swelling is usually a sign that the body is making antibodies and is a normal response. We ask for the following information in case we see a change on your mammogram.

Patient Name: _____

Patient date of birth: _____

Vaccine in the last 90 days : Yes No Date of vaccine: _____

Right Arm Left Arm Type of vaccine: _____



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INDEPENDENCE
4911 S Arrowhead Dr #100
Independence, MO 64055

LEE'S SUMMIT
301 NE Mulberry St #100
Lee's Summit, MO 64086

PLAZA
4801 Main St #200
Kansas City, MO 64112

KC NORTH
303 NE Englewood Rd
Kansas City, MO 64118

LIBERTY
9151 NE 81st Ter #250
Kansas City, MO 64158

ST. JOSEPH
3937 Sherman Ave
St. Joseph, MO 64506

OLATHE
13795 S Mur-Len Rd #100
Olathe, KS 66062

OVERLAND PARK
6650 W 110th St #100
Overland Park, KS 66211

WYANDOTTE COUNTY
9201 Parallel Pkwy
Kansas City, KS 66112

MOBILE 3D
MAMMOGRAPHY