MDX Imaging Center
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Mammography Patient Questionnaire

Patient Name_____ **DOB**_____ **MRN#**_____

Patient Instructions

- ✅ **Please check-in 30 minutes before your appointment time.**
- ✅ **Wear a two-piece outfit on the day of your exam.**
- ❌ **Do not use deodorant or talcum powder on the day of your exam. If you must, please inform the technologist.**
- 📞 **If you are unable to keep your appointment, please call us at (671) 648-6000 at least 24 hours in advance.**

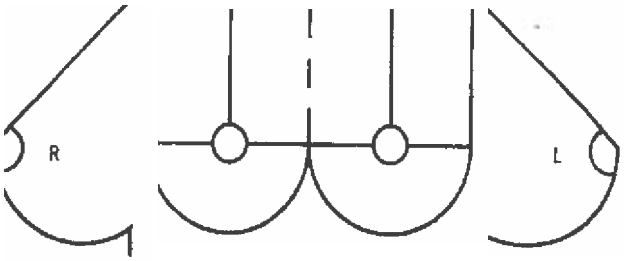
Patient Questionnaire

1. **Have you had a previous mammogram?**
   ☐ Yes ☐ No **If yes, where:** _____
2. **Do you have a family history of breast cancer?**
   ☐ Yes ☐ No
   If yes, **relationship**: _____ **Age at diagnosis**: _____
3. **Have you ever had breast surgery?**
   ☐ Yes ☐ No
   If yes, **type of surgery** (e.g., implant, biopsy): _____
4. **Are you currently taking hormone pills?**
   ☐ Yes ☐ No
   If yes, for what purpose?
   ☐ Menopause ☐ Hysterectomy ☐ Other: _____
5. **Do you have any of the following on your breasts?**
   ☐ Moles ☐ Warts ☐ Scars ☐ None
6. **Are you currently experiencing any breast issues?**
   ☐ Yes ☐ No
   If yes, check all that apply:
   ☐ Lump ☐ Pain/Tenderness ☐ Discharge ☐ Other: _____
7. **Covid 19 Information**
   Vaccine Name:_____ ☐ RT ☐ LT ☐ Both
   Date of Vaccine Injection _____, _____, _____, _____, _____

PATIENT'S SIGNATURE: _____ **Date:**_____

For Mammographer Use Only

SCAR	
SKIN MOLE	O
MASS	X



Mammographer Initials: _____
Nipple Markers Used: _____
Images Done: _____