McLaren Business Products

McLaren Print System Order

Order No: 62345
Order Date: 2021-05-11
User: Deb House
Phone: 989-269-8933 x4562

Ship Location: McLaren Thumb - main hospital/x-ray - attn: Deb House
1100 South Van Dyke Rd
Bad Axe, MI 48413
Forms
Quantity: 100
Paragon Dept No: 27250
Dept Name: Medical Imaging
Company Number: 530

Order Total Price: 0.00

Item Number: 020.105.06-18
Item Description: Mammogram - Questionnaire.pdf
Revision Date: 06/2018
Print: 1 sided black and white
Paper: 20# White Text
Size: 8.5 x 11
Fold:
Finish: None
Drill: None
Misc Info: SS; BLACK; BOND PAPER

Spec Info:

McLaren THUMB REGION 1100 S. Van Dyke Bad Axe, Michigan

Mammogram -Questionnaire

To be filled out by the patient

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

Name _____ Date of Birth _____ Age _____

Referring Physician _____ Today's Date _____

Yes No 1. Have you had a mammogram before? When_____ Where_____

Yes No 2. Do you practice self-examinations of the breasts monthly?

Yes No 3. Have you had a child? Your age at 1st birth _____

Yes No 4. Have any of the following family members had BREAST CANCER?

_____Mother She was _____ years old when it was found

_____Sister She was _____ years old when it was found

_____Daughter She was _____ years old when it was found

_____Grandmother She was _____ years old when it was found

_____Aunt She was _____ years old when it was found

_____Cousin She was _____ years old when it was found

Yes No 5. Are you pregnant?

6. Age of Menopause _____

Yes No 7. Are you taking hormones (Estrogen, Premarin, Provera, Tamoxifen) Name of hormone _____

Yes No 8. Have you gain or lost weight since your last mammogram? I have gained_____pounds or lost _____pounds

Yes No 9. Have you ever had any type of cancer? What type_____ When was it found? _____

Yes No 10. Have you ever had breast surgery?

____Biopsy	Rt_____ Lt_____	When? _____	Diagnosis? _____	
____Mastectomy	Rt_____ Lt_____	When? _____	Diagnosis? _____	
____Lumpectomy	Rt_____ Lt_____	When? _____	Diagnosis? _____	
____Reduction	Rt_____ Lt_____	When? _____	Diagnosis? _____	
____Breast implant	Rt_____ Lt_____	When? _____	Diagnosis? _____	
____Cyst aspiration	Rt_____ Lt_____	When? _____	Diagnosis? _____	

Yes No 11. Have you had radiation therapy or chemotherapy for breast cancer? When was your last treatment? _____

Yes No 12. Are you having problems with either breast? Explain_____

To be filled out by the Technologist

Check: Breast surface (including marker, inflation) Nipples inverted? Discharge? Breast size discrepancy How long? _____ Which _____

Right Left

Tech signature _____

020.105.06-18