MRI BREAST EXAM SCREENING

Wake Forest University Baptist MEDICAL CENTER Outpatient Imaging

Patient Name:_____ Date:_____

MRN:_____ DOB:_____ Age:_____

Prior Mammograms: ☐ NCBH ☐ Elsewhere? _____

Did you bring them today? ☐ Yes ☐ No _____

Referral Reason: (Circle R for right or L for left)

R L _____ Bloody discharge for how many weeks? _____

R L _____ Cancer Elsewhere

R L _____ Image detection calcifications

R L _____ Large Nodes under my arm

R L _____ Nipple problem

R L _____ Pain in the breast

R L _____ Other skin changes to breast

R L _____ A new lump that can be felt How many weeks have you felt a lump?_____

R L _____ Implant problem

R L _____ difficult physical examination

R L _____ Image detected mass

R L _____ Other lump or thickening

R L _____ Non-bloody discharge

R L _____ Skin thickening or retraction

* History of pervious Breast PROCEDURES (example: Breast reduction, Cyst aspiration, Core biopsy, Excision biopsy, Implant removed, Lumpectomy, Mastectomy, Radiation therapy to the breast, Reconstruction, Other types of biopsy):

Procedure	Side	Date Performed	Outcome

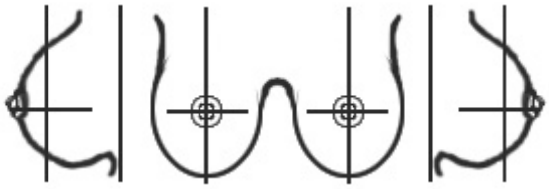
Taking Hormones? ☐ Yes ☐ No Pregnant? ☐ Yes ☐ No Currently lactating? ☐ Yes ☐ No

*Family breast cancer and ovarian cancer history:

Relationship (Example Mother)	Age cancer developed	Breast Cancer

Physical Exam Findings:

Right Left



Indicate location of any scars

Clinical exam performed by:_____

Skin condition:_____ Fax form: 713-6688