Bearden-Josey
Center for Breast Health

Patient Name:______________________________

Appointment Date & Time:_________________

Mammography Questionnaire– Mobile Screening

Please complete and return to your site coordinator 2 weeks prior to your appointment.

Date of Birth:_________________________ Age:____________________

Address:_____________________________ Phone (H):_______________

___________________________________ Phone (W):_______________

Last four of SS#:________*(if you are new to Spart.Reg.Hospital Sys.please include full SS#)*

Physician(s) to receive results: ____

Have you seen this physician within the last 3 years? _______________________

Physician Phone: __________________

*****if you have a physician's order please bring it with you to your appointment.***

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1. Have you had a previous mammogram or other breast imaging? Yes No
   *If yes, list the dates and location:*_____________________________
2. Have you ever been diagnosed with breast cancer? Yes No
   If yes, you may NOT be screened on the mobile unit.
3. Do you have breast implants? Yes No
   If yes, you will need 2 consecutive appointment times.
4. Is there a possiblity you could be pregnant? Yes No
   If yes, you may NOT be screened on the mobile unit.
5. Do you have any current or new breast symptoms since your last mammogram? Yes No
   If yes please indicate below:
   Bloody nipple discharge: Yes No
   New lump or hard knot: Yes No
   Pain in breast: Yes No
   Other:____________________
6. Do you have insurance? Type:_________________ Yes No