



Today's Date: _____
Patient Name: _____
Date of Birth: _____
Patient Number: _____
Age: _____
Race: _____

MAMMOGRAPHY QUESTIONNAIRE

Have you had a mammogram before? NO YES	Are you Possibly Pregnant? NO YES
If yes, what facility? _____ When? _____	Are you currently taking hormones? NO YES
Any family members diagnosed with BREAST Cancer?	First Menstrual Cycle: _____ Menopause Age: _____
Mother Sister Daughter NO YES	Age of First Full Term Pregnancy _____
If yes, age diagnosed: _____	

CURRENT BREAST CONCERNS

NEW lumps	NO YES	RIGHT LEFT	How long? _____
NEW pain	NO YES	RIGHT LEFT	How long? _____
NEW nipple discharge	NO YES	RIGHT LEFT	How long? _____ Color? _____
NEW skin thickening	NO YES	RIGHT LEFT	Describe: _____

SURGICAL PROCEDURES/HISTORY

History of Breast Cancer	NO YES	RIGHT LEFT	Date: _____ Type: _____
Mastectomy	NO YES	RIGHT LEFT	Date: _____
Lumpectomy/ Partial Mastectomy	NO YES	RIGHT LEFT	Date: _____
Radiation	NO YES	RIGHT LEFT	Date: _____
Chemotherapy	NO YES	RIGHT LEFT	Date: _____
BREAST Biopsy or Surgery	NO YES	RIGHT LEFT	Date: _____ Results: <u>Cancer/No Cancer</u>
Breast Implants	NO YES	RIGHT LEFT	Date: _____ Type: _____
Breast Reduction/Lift	NO YES	RIGHT LEFT	Date: _____
History of Uterine/Cervical Cancer	NO YES	If yes, what type?: _____	

Patient Signature: _____ **Date:** _____

TECHNOLOGIST USE ONLY

Type of exam being performed today: **ROUTINE BASELINE DIAGNOSTIC R/L/B QUICKSCREEN**

Mass or Lump	R L	NEW CHRONIC	
Pain	R L	NEW CHRONIC	Site: _____
Nipple Inversion	R L	NEW CHRONIC	
Nipple Discharge	R L	GUIAC: POS/NEG	Color: _____
Prior Exam Here?	N Y	Most Recent Date:	_____
Outside Prior Films Requested?	N Y		

Radiologist: _____
Technologist: _____
Room: _____
LIFETIME RISK:

Comments: _____

Digital Screening Mammograms

Patient Name: _____ DOB: _____ Patient Number: _____

I understand that if additional views are required for complete diagnosis; a Digital DIAGNOSTIC mammogram may be billed in addition to the Digital SCREENING mammogram or a breast ultrasound charge will be added and will be reflected in the charges.

Patient Signature: _____ Date: _____

Medicare Limitation of Liability

Medicare will only pay for services it determines to be “reasonable and necessary” under Section 1862(A)(1) of the Medicare law. If Medicare determines that a particular service is NOT “reasonable and necessary” under Medicare program standards, Medicare may deny payment.

Who’s eligible?

- Women with Part B between ages 35-39 can get one baseline mammogram.
- Women with Part B, age 40 or older, are covered once every 12 months (11 full months must have passed since the last screening mammogram).