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Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_
Email: \_\_\_\_\_

Have you ever been diagnosed with breast cancer? [ ] Y [ ] N Date: \_\_\_\_\_ [ ] R [ ] L Breast
Do you have a family history of breast cancer? If yes, who? \_\_\_\_\_

Date of your last mammogram: \_\_\_\_\_
Was it: [ ] Normal [ ] Abnormal [ ] Suspicious [ ] Watchful - [ ] R [ ] L Breast

Date of your last breast ultrasound: \_\_\_\_\_ Were both breasts imaged? [ ] Y [ ] N
Was it: [ ] Normal [ ] Abnormal [ ] Suspicious [ ] Watchful - [ ] R [ ] L Breast

Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI? [ ] Y [ ] N

Date of last breast exam by a doctor: \_\_\_\_\_ [ ] Normal [ ] Lump [ ] Thickening - [ ] R [ ] L

Any tests recommend after this last breast exam? (ex. mammogram) \_\_\_\_\_

Date of any breast biopsies: \_\_\_\_\_ [ ] R [ ] L Breast

What was found on the biopsy? [ ] Cancer [ ] Other \_\_\_\_\_ [ ] R [ ] L Breast

Any breast surgeries? Date and what was done? \_\_\_\_\_ [ ] R [ ] L Breast

Have you had a mastectomy? [ ] Complete [ ] Partial Date: \_\_\_\_\_ [ ] R [ ] L Breast

Was the nipple removed? [ ] Y [ ] N Was the surface skin of the original breast entirely removed? [ ] Y [ ] N

Any breast reconstruction? What was done? (ex. trans flap, implant) \_\_\_\_\_ [ ] R [ ] L Breast

Any breast radiation treatment? Date of last treatment \_\_\_\_\_ [ ] R [ ] L Breast

Are you currently pregnant? [ ] Y [ ] N

Are you currently nursing? [ ] Y [ ] N

Are you CURRENTLY experiencing any of the following with your breasts: [ ] None

[ ] Lump [ ] Thickening (date found \_\_\_\_\_; found by [ ] Self breast exam [ ] Doctor exam)

Pain: [ ] Dull [ ] Sharp [ ] Burning [ ] Stinging [ ] Tenderness [ ] The pain changes with my cycle

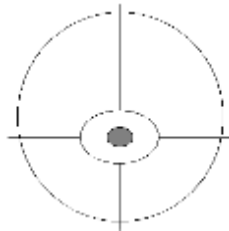
[ ] Thickening [ ] Skin changes ([ ] Color [ ] Texture [ ] Over the lump)

[ ] R [ ] L Nipple discharge ([ ] Bloody [ ] Milky [ ] Clear [ ] Through 1 duct [ ] Through multiple ducts)

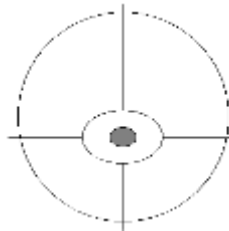
[ ] R [ ] L Nipple retraction ([ ] For many years [ ] Recently) [ ] R [ ] L Nipple changes ([ ] Color [ ] Texture)

[ ] Other \_\_\_\_\_

Place an [ O ] on the diagram in the area of the lump. [ M ] for a finding on your mammogram / ultrasound / MRI. [ W ] for an area being watched. [ X ] in the area of pain, tenderness, or skin changes. [ # ] in the area of thickening. [ +++ ] in the area of a scar



RIGHT



LEFT

[ ] Re-Exam

High T: \_\_\_\_\_ Low T: \_\_\_\_\_

Tech: \_\_\_\_\_

Pt T = \_\_\_\_\_ F Rm T = \_\_\_\_\_ C [ ] R [ ] L Nipple retraction [ ] R [ ] L Areola traction SLQ SMQ ILQ IMQ

[ ] R [ ] L Skin surface bulge or dimple SLQ SMQ ILQ IMQ [ ] R [ ] L Skin changes SLQ SMQ ILQ IMQ

[ ] R [ ] L Nipple changes ([ ] Color [ ] Texture) [ ] R [ ] L Nipple discharge ([ ] Bloody [ ] Milky [ ] Clear - S M)