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3/44 Stuart Highway, Stuart Park, NT, 0820

MAMMOGRAM QUESTIONNAIRE

To assist us in performing your mammogram today, we would appreciate you answering the following questions as honestly and as accurately as possible. In addition to answering the questions, please indicate any areas of tenderness or concern on the diagram on the back of this form (lumps, bumps, previous scars etc.)

1. Is there any chance that you may be pregnant? No ☐ Yes ☐
2. Have you had a mammogram previously? No ☐ Yes ☐

*If yes, please advise **where** this was performed and **when** this was performed:*

3. Do you have any pain or discomfort in your breast(s)? No ☐ Yes ☐
4. Are there any lumps in your breast(s) now? No ☐ Yes ☐
5. Are you experiencing any discharge from your nipples? No ☐ Yes ☐

If yes, please describe:

6. Do you have any skin dimpling in or around your breast(s)? No ☐ Yes ☐
7. Have you noticed any changes in your nipples? No ☐ Yes ☐

If yes, please describe:

8. Have you ever had breast surgery or a breast biopsy? No ☐ Yes ☐

Previous Surgery	RIGHT BREAST	LEFT BREAST
Benign Biopsy		
Partial Mastectomy		
Mastectomy		
Lymph Nodes Removed		
Breast Reduction		

9. Do you have breast implants? No ☐ Yes ☐
10. Are you taking, or have you used, hormone replacement therapy? No ☐ Yes ☐

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11. To your knowledge, is there any family history of breast cancer in your family?

No

Yes

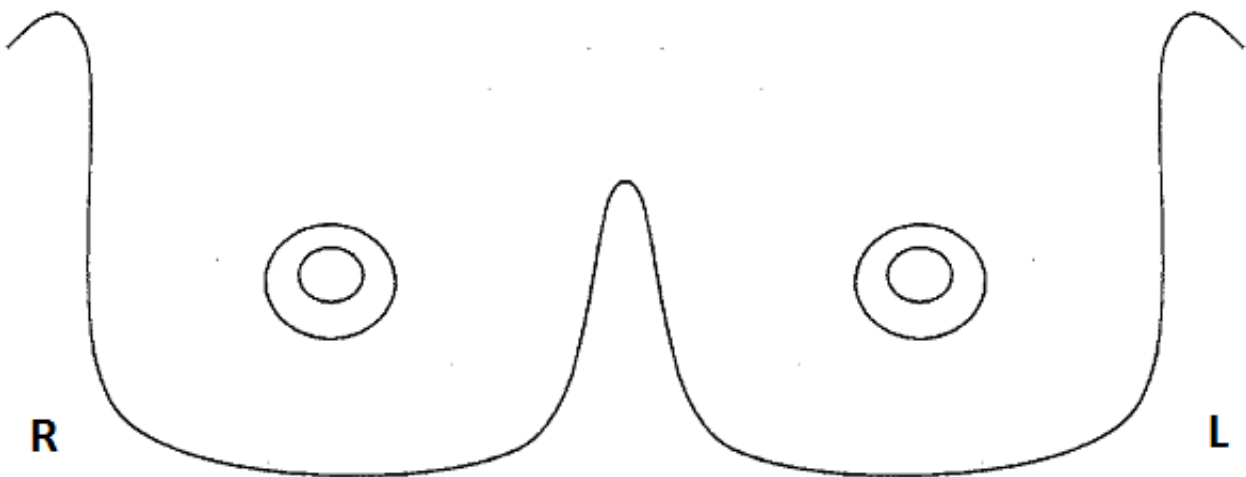
If yes, please advise the relationship of the person(s) to you and age (e.g. mother 56)

12. Have you ever breast fed your children?

No

Yes

PATIENTS NAME:



PATIENTS NAME:
