



CHESAPEAKE MEDICAL IMAGING

Patient Name: _____ **DOB:** _____
Please Print

My signature authorizes the release of medical records and imaging studies to Chesapeake Medical Imaging at the above location. Please mail a CD to the address above. Thank you!

Patient Signature Please

Today's Date

Last Mammogram (month/year): _____ **Facility Name:** _____

Which Doctor would you like the report sent to? _____

Reason for Visit:

<input type="checkbox"/> Annual / screening	R L	<input type="checkbox"/> Nipple discharge	R L
<input type="checkbox"/> Call back/Follow-up	R L	<input type="checkbox"/> New onset breast pain	R L
<input type="checkbox"/> Pre-Op clearance	R L	<input type="checkbox"/> Abnormal outside study	R L
<input type="checkbox"/> New Lump	R L		

BELOW TO BE FILLED OUT BY TECHNOLOGIST

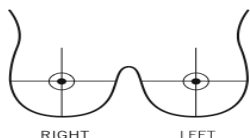
Personal History Breast Surgeries:

<input type="checkbox"/> None	
<input type="checkbox"/> Breast Implants	R L
<input type="checkbox"/> Breast Reduction	R L
<input type="checkbox"/> Needle Biopsy	R L
<input type="checkbox"/> Excisional Biopsy	R L
<input type="checkbox"/> Personal Breast Cancer	R L
<input type="checkbox"/> Mastectomy	R L
<input type="checkbox"/> Lumpectomy	R L
<input type="checkbox"/> Radiation Therapy	R L
<input type="checkbox"/> Chemo Therapy	R L

Personal History:

Chance of Pregnancy:	Y N
Last Menstrual Cycle: _____	
Post Menopause:	Y N
Removal of Ovaries: Y (R L Both) N	
Current Hormone Use:	Y N
(incl. Birth Control Pill/IUD) If yes, How Long? _____	
Number of Children Born _____	
Over age 30 for first live birth	Y N
Personal History Breast Cancer	Y N
Personal History Ovarian Cancer	Y N

Technologist notes:



Family history of cancer of any kind?

Yes (Please complete the questionnaire on the other side)
 No

Technologist

_____ I have been offered a 3D mammogram and I ACCEPT and understand that if my insurance does not pay, I will be charged \$50.

_____ I have been offered a 3D mammogram and I DECLINE.



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		Cancer	Self	Mother's Side	Father's Side	Age at Diagnosis
Y	N	Breast Cancer before age 50				
Y	N	Breast Cancer after age of 50				
Y	N	Male Breast Cancer				
Y	N	Ovarian Cancer				
Y	N	Uterus/ Endometrium Cancer				
Y	N	Other Cancers				

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