DIAGNOSTIC IMAGING CENTERS, P.A.

Breast Imaging Exam Form

Tech Initials: _____

MRN #: _____

PATIENT INFORMATION

Name: _____ Date of Birth: _____ Age: ___ Date of last mammogram: _____

Reason for today's exam: ☐ First mammogram ever ☐ Annual mammogram

New symptoms may require Doctor's order ☐ New symptom/problem ☐ 6-month follow-up

*Describe your *new* breast problem and how long you have had it (if applicable): _____

_____

MEDICAL INFORMATION AND RISK ASSESSMENT

FAMILY HISTORY

1. Has anyone in your **Family** been diagnosed with **breast** cancer?	☐ Yes ☐ No
✓ If *Yes* , please check the relative and age at time of diagnosis:	☐ Mother/Age____ ☐ Daughter/age____ ☐ Sister/age___ ☐ Aunt/Age____ → ☐ Maternal ☐ Paternal ☐ Grandmother/Age____ → ☐ Maternal ☐ Paternal

PERSONAL HISTORY

1. Race:	☐ White ☐ African American ☐ Hispanic ☐ Unknown ☐ Asian-American ☐ American Indian/Alaskan Native
2. Ethnicity (If applicable):	☐ Chinese ☐ Japanese ☐ Filipino ☐ Hawaiian ☐ Other Pacific Islander ☐ Other Asian-American
3. Have *you* previously been diagnosed with **breast** cancer?	☐ Yes ☐ No
4. Do *you* have a history of **female** cancer? *(Ovarian, uterine, cervical)*	☐ Yes ☐ No
5. Known BRCA1 or BRCA2 mutation or similar genetic syndrome?	☐ Yes ☐ No
6. Do you take hormones?	☐ Yes ☐ No
✓ If *Yes* , please check the ones you are currently using:	☐ Birth control ☐ Estrogen ☐ Progesterone ☐ Evista
Length of time on hormones: _____ ☐ Months ☐ Years	☐ Tamoxifen ☐ Arimidex ☐ Testosterone
7. Age at *first* menstrual period?	☐ Age 7-11 ☐ Age 12-13 ☐ Age 14 or older
8. Date of your *last* menstrual period: _____	
9. Are you **post menopausal?**	☐ Yes ☐ No
10. Are you pregnant?	☐ Yes ☐ No
11. Age when you had your first child?	☐ No Births ☐ Under 20 ☐ Age 20-24 ☐ Age 25-29 ☐ Age 30 + ☐ Unknown

BREAST PROCEDURES

1. History of breast biopsy?	☐ Yes ☐ No ☐ Rt ☐ Lt Date(s):_____
✓ If *Yes* , how many times?	☐ 1 ☐ More than 1
Did any of the biopsies show *atypical* hyperplasia? *(or other high risk marker on biopsy?)*	☐ Yes ☐ No
2. History of mastectomy?	☐ Yes ☐ No ☐ Rt ☐ Lt ☐ Bilateral Date: _____
3. History of lumpectomy?	☐ Yes ☐ No ☐ Rt ☐ Lt ☐ Bilateral Date: _____
4. Treatment:	☐ Chemotherapy ☐ *with* radiation ☐ *without* radiation
5. History of breast reduction surgery?	☐ Yes ☐ No Date: _____
6. History of breast implant surgery?	☐ Yes ☐ No Date: _____

Patient Signature: _____ Date: _____

DIAGNOSTIC IMAGING CENTERS, P.A.

Breast Imaging Medical Records Release

Patient Name: _____

MRN: _____ DOB: _____

Exam: _____

Referring Provider: _____

DIC Location: _____ Date: _____

_____

_____

Patient's Prior Last Name (If Applicable): _____ ❑ N/A

Please provide the following information so that we may obtain your latest mammogram and/or other breast imaging records for comparison.

Name of Facility: _____

Address of Facility: _____

City/State/Zip: _____

Phone/Fax: _____

I hereby authorize and request you to release all breast imaging, including copies of reports in your possession to Diagnostic Imaging Centers, P.A.

_____ X_____ _____

Please print name | Patient or authorized signature | Date

REPORTS: Please fax reports to our Medical Records Department at (913) 491-9363.
To reach our Medical Records Staff, please call (913) 327-1771 or (816) 531-1771.

IMAGES: If you are unable to cloud images, please mail CD to our Medical Records department.
Diagnostic Imaging Centers, P.A.
6650 W. 110th St. Suite 100
Overland Park, KS 66211

Thank you!

DIAGNOSTIC IMAGING
CENTERS, P.A.

Vaccines of all types can result in temporary swelling of the lymph nodes, including under your arm. This swelling is usually a sign that the body is making antibodies and is a normal response. We ask for the following information in case we see a change on your mammogram.

Patient Name:_____

Patient date of birth:_____

Vaccine in the last 90 days : ☐ Yes ☐ No Date of vaccine: _____

☐ Right Arm ☐ Left Arm Type of vaccine: _____

www.dic-KC.com

913-344-9989 ◆ 816-444-9989

❑ INDEPENDENCE
4911 S Arrowhead Dr #100
Independence, MO 64055

❑ LEE'S SUMMIT
301 NE Mulberry St #100
Lee's Summit, MO 64086

❑ PLAZA
4801 Main St #200
Kansas City, MO 64112

❑ KC NORTH
303 NE Englewood Rd
Kansas City, MO 64118

❑ LIBERTY
9151 NE 81st Ter #250
Kansas City, MO 64158

❑ ST. JOSEPH
3937 Sherman Ave
St. Joseph, MO 64506

❑ OLATHE
13795 S Mur-Len Rd #100
Olathe, KS 66062

❑ OVERLAND PARK
6650 W 110th St #100
Overland Park, KS 66211

❑ WYANDOTTE COUNTY
9201 Parallel Pkwy
Kansas City, KS 66112

❑ MOBILE 3D MAMMOGRAPHY