

DATA LINKS

Name: Last First Middle Initial Date of Exam: m m - d d - y y y y

Medical Record #: Tech Initials: Zip Code:

Referring Physician's Name: Referring Physician's Town:

When was the Patient's last mammogram?

MM / DD / YYYY

Location/State:

The Patient has never had a mammogram

Has the Patient had any breast changes?

IF YES ->

Type of change(s):

L R B

No changes

IF YES, how many months ago did the changes occur? MM months

- Lump Nipple Discharge Pain Other (please specify)

Has the Patient had any breast procedures? (Shade all that apply)

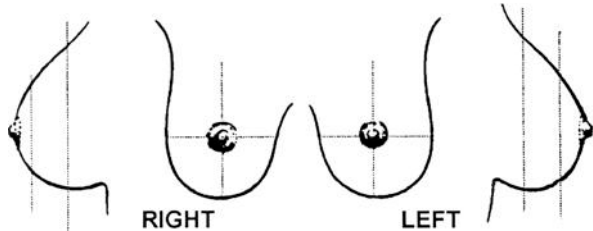
No procedures

IF YES ->

Type of procedure(s):

L R B

Date(s) Completed



- Fine Needle or Cyst Aspiration Needle Biopsy Surgical Biopsy Lumpectomy (for breast cancer) Mastectomy Radiation Therapy Breast Reconstruction Breast Reduction Breast Implants (still present)

Comments:

Has the Patient ever been diagnosed with breast cancer?

IF YES, which breast(s)?

L R B

No Yes

At what age was the Patient first diagnosed? MM yrs old

Is there a family history of breast cancer?

No Yes Unknown IF YES, please specify

- Mother Sister Daughter(s) Other

Have the Patient's periods stopped permanently?

No Yes Not Sure

Is the Patient currently taking any of the following hormone medications? (shade all that apply)

- Hormone replacement therapy (HRT) (e.g., Premarin) IF HRT: Estrogen Progesterone Both
Hormones for birth control Tamoxifen Other hormone
Not currently taking hormone medication Natural hormone supplements

Table with columns: Films Taken: (shade all that apply), L, R, B, Digital. Rows: Standard screening views, Diagnostic views (additional mag, cone, compression), Other breast imaging.

1. INDICATION FOR EXAM:

- Asymptomatic Screening Mammogram
- Evaluation of a Breast Problem
- Short Interval Follow-Up (to Evaluate Stability)
- Additional Evaluation of a Recent Mammogram (Reported Separately from Screen)

2. INFORMATION AVAILABLE AT TIME OF ASSESSMENT

	Yes	No
Comparison Films	<input type="radio"/>	<input type="radio"/>
Breast Ultrasound	<input type="radio"/>	<input type="radio"/>
Result of Recent Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>

3. BREAST COMPOSITION: (Choose ONE and code by densest breast)

- Fat
- Scattered
- Heterogenously Dense
- Extremely Dense

4. ASSESSMENT: (Choose ONE per breast)

	L	R	B
B <input type="radio"/> Negative (ACR 1)			
L <input type="radio"/> (ACR 0) Needs Additional Imaging Evaluation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
R <input type="radio"/> (ACR 2) Benign Finding-Negative	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ACR 3) Probably Benign Finding	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ACR 4) Suspicious Abnormality	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
(ACR 5) Highly Suggestive of Malignancy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5. RECOMMENDATION: (Choose all that apply)

- B Routine Screening Mammogram
- L
- R

	L	R	B			
Follow-up Mammogram at Short Interval	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	in <table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 50%;"></td><td style="width: 50%;"></td></tr></table> months		

	L	R	B
Immediate Work-up			
Additional Views	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Ultrasound	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Nuclear Medicine	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
MRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Clinical Breast Exam	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Surgical Consult (consider biopsy)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
FNA	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Biopsy	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Additional
Comments
(optional):

Rad. Initials

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