The New Mexico Mammography Project **Facility:** O Plains Regional MC (036) O Roosevelt GH (071)

Today's Date (mm/dd/yyyy) / / 2000 **SSN** **MR#**

Last Name **First Name** **MI**

Street Address

City **State** **Zip** **Birth Date (mm/dd/yyyy)** / / 19

Phone: (__ __ __) - __ __ __ - __ __ __ __ O Female O Male

Physician: _____

1. Have you had any of the following breast changes in the last 3 months? (mark all that apply)

	Both	Left	Right	
Lump	O	O	O	
Nipple Discharge	O	O	O	
Pain	O	O	O	
Other, describe	O	O	O	_____

No Changes O

2. What is the main reason for your visit today? (mark one)

O Routine screening
O Follow-up to routine screening exam
O Concerns about breast problems

3. When was your last mammogram?

Date ___ / ____ (month / year) Location: _____

O I never had a mammogram

4. Has a health care provider examined your breasts in the last 3 months? O No O Yes O Not sure

5. Have you ever been diagnosed with breast cancer?
O No O Left breast O Right breast O Both breasts

6. Have you had any of the following breast procedures?

(mark all that apply)	Both	Left	Right
Fine needle or cyst aspiration	O	O	O
Biopsy	O	O	O
Lumpectomy(for breast cancer)	O	O	O
Mastectomy	O	O	O
Radiation therapy	O	O	O
Breast reconstruction	O	O	O
Breast reduction	O	O	O
Breast implant (still present)	O	O	O

O I have not had any of the above procedures

7. Have any blood relatives been diagnosed with breast cancer?

Mother: O No O Yes O Not sure
Sister: O No O One O 2 or more O Not sure
Daughter: O No O One O 2 or more O Not sure

If yes: were any diagnosed before age 50?
O No O One O 2 or more O Not sure

8. Are you currently taking any of the following hormone medications? (mark all that apply)

O Hormone replacement therapy(estrogen, Premarin)
O Tamoxifen(Nolvadex)/Raloxifen(Evista)
O Hormones for birth control
O Other hormone: _____
O I am not currently taking hormone medication

9. Have your menstrual periods stopped permanently? (mark one)

O Yes, natural menopause
O Yes, surgery (uterus or ovaries removed)
O Yes, other reason
} If YES, age when period stopped ___ years old
O No
O Not sure

If NO or NOT SURE, when was the first day of your last period? (mm/dd/yyyy) ___ / ___ / ____

10. Have you ever given birth? O No O Yes

IF YES, how old were you when your first child was born? ___ years old

11. What is your current height? ___ feet ___ inches

12. What is your current weight? ___ pounds

13. Are you of Hispanic, Spanish, or Latino origin?
O No O Yes

14. What is your racial or ethnic background?
O White
O Black or African American
O American Indian or Alaska Native
O Asian
O Native Hawaiian or other Pacific Islander
O Other, describe: _____

15. What is the highest level of education you have Completed?(mark one)
O Less than high school graduate
O High school graduate or GED
O Some college or technical school
O College or post-college graduate

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