_____ Tech

☐ Equipment QC performed as indicated.

Central Vermont Medical Center

Vermont Mammography Registry

Last Name | **First Name** | **Middle**

Maiden Name | **Birth Date** (/ /) | **Social Security Number** (- -) | **Zip Code**

Have you had any of the following breast changes in the last 3 months? *(check all that apply)*

	Left	Right	Both
Lump	☐	☐	☐
Nipple Discharge	☐	☐	☐
Pain	☐	☐	☐
Other _____	☐	☐	☐

No changes ☐

What is the main reason for your visit today? *(check one)*

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

When was your last mammogram? **Where?**

Date ☐☐ / ☐☐☐☐ _____

month year

☐ I never had a mammogram

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

Are you currently taking any of the following hormone medications? *(check all that apply)*

- ☐ Hormone replacement therapy (HRT) (e.g. Premarin)
- ☐ Tamoxifen (Nolvadex) / Raloxifen (Evista)
- ☐ Hormones for birth control
- ☐ Other hormone: _____
- ☐ I am not currently taking hormone medication

Have you ever used HRT? ☐ No ☐ Yes ☐ Not sure

If so, for how many years? ☐☐

Have you had any of the following breast procedures? *(check all that apply)*

	Left	Right	Both	Date
Fine needle or cyst aspiration	☐	☐	☐	_____
Biopsy	☐	☐	☐	_____
Lumpectomy (for breast cancer)	☐	☐	☐	_____
Mastectomy	☐	☐	☐	_____
Radiation therapy	☐	☐	☐	_____
Breast reconstruction	☐	☐	☐	_____
Breast reduction	☐	☐	☐	_____
Breast implant (still present)	☐	☐	☐	_____

I have not had any of the above procedures ☐

Have you ever been diagnosed with breast cancer?

☐ No ☐ Left breast ☐ Right breast ☐ Both breasts

At what age were you first diagnosed? ☐☐ years old

Have any blood relatives been diagnosed with breast cancer?

					Youngest Age
Mother:	☐ No	☐ Yes	☐ Not sure		☐☐
Sister:	☐ No	☐ One	☐ 2 or more	☐ Not sure	☐☐
Daughter:	☐ No	☐ One	☐ 2 or more	☐ Not sure	☐☐

Have you or a blood relative ever been diagnosed with ovarian cancer? *(check all that apply)*

☐ No ☐ Self ☐ Mother, sister or daughter

What is your current height? ☐ feet ☐☐ inches

What is your current weight? ☐☐☐ pounds

Have your menstrual periods stopped permanently? *(check one)*

- ☐ No
- ☐ Yes, natural menopause
- ☐ Yes, surgical menopause
- ☐ Yes, other reason
- ☐ Not sure

If NO or NOT SURE, when was the first day of your last period?

☐☐ / ☐☐ / ☐☐

If YES, age at last period ☐☐ years old

Have you ever given birth?

☐ No ☐ Yes

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

How old were you when you had your first period?

- ☐ 12 or younger
- ☐ 13
- ☐ 14
- ☐ 15 or older
- ☐ Not sure
- ☐ Never started my period

Are you of Hispanic, Spanish, or Latino origin?

☐ No ☐ Yes

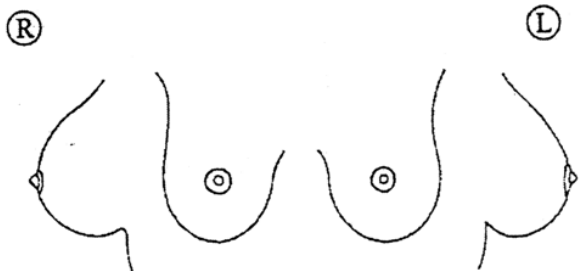
What is your racial or ethnic background? *(check all that apply)*

- ☐ White
- ☐ Black or African American
- ☐ Asian
- ☐ Native Hawaiian or other Pacific Islander
- ☐ American Indian or Alaska Native
- ☐ Other, describe: _____

What is the highest level of education you have Completed? *(check one)*

- ☐ Less than high school graduate
- ☐ High school graduate or GED
- ☐ Some college or technical school
- ☐ College or post-college graduate

Our mammography center is working with the Vermont Mammography Registry (VMR) to collect information to better understand the cause, prevention, early detection and treatment of breast cancer. In addition to your personal health care, the following information may be used for quality assurance and research. The VMR may also access follow-up care you receive to evaluate any breast abnormalities. Data may be shared with other investigators doing cancer research. You may be contacted in the future to be invited to participate in research projects. All information will be held in strictest confidence and is protected by a federal certificate of confidentiality. If you do NOT wish to have this information used for research, please check here. ☐



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