



COMMONWEALTH MEDICAL GROUP IMAGING CENTER

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- 4848 S. 76th Street • Suite 110 • Greenfield, WI 53220 • Phone: (414) 282-5610

Name _____ Date _____

D.O.B. _____ M.D. _____

Age _____

Patient Phone # _____ Work # _____

Mammograms: Where? _____ Date _____

Breast Ultrasound: Where? _____ Date _____

History:

Patient's Signature _____

Date of Last Physical Breast Exam Self _____ M.D. _____

Age at 1st Pregnancy _____ HT. _____ Rec'd B.S.E. Book _____

Parity _____ WT. _____

Menstrual Status

LMP _____ Menarche _____ Oophorectomy _____

Pregnant? _____ Hysterectomy _____ Menopause _____

Family History of Breast Cancer (age dx) _____

Personal History of Cancer _____

Medication

Hormones (Type and Years) _____

Previous Breast Surgery

	L	R	Date		L	R	Date
Cyst Aspiration	_____	_____	_____	Lumpectomy	_____	_____	_____
Needle Biopsy	_____	_____	_____	Mastectomy	_____	_____	_____
Excisional Biopsy	_____	_____	_____	Radiation	_____	_____	_____
Implants	_____	_____	_____	Chemotherapy	_____	_____	_____
Reductions	_____	_____	_____				

Technologist Signature _____