Advanced Shore Imaging Associates
2605 Shore Road
Suites 101 & 201
Northfield NJ 08225

Mammography Screening

Patient Name_____ **Date of Birth**_____

1. Are you having problems with your breasts? YES NO

   If yes, please describe: _____
2. Do you have breast implants? YES NO
3. Have you had a mammography before? YES NO

   If yes, when and where? _____
4. Have you ever had any breast surgeries, biopsies or aspirations? YES NO

   If yes, when and what type? _____
5. Is there a history of breast cancer in your family? YES NO

   If yes, who? _____ At what age were they diagnosed? _____
6. Do you have any special needs? YES NO
7. Are you pregnant, possibly pregnant or breast feeding? YES NO
8. Has there been any weight change since your last Mammo? YES NO

I attest that the answers I have provided to questions on this form are correct and to the best of my knowledge. I have read and understand the entire contents of this form and have had the opportunity to ask questions regarding the information on this form.

Patient/Legal Representative Signature _____

Date_____

Technologist Notes

- What age was the patient when 1st child was born?
- Hormone use history? **Yes** **No** What type/how long?
- Machine disinfected (initial)_____
- Comments: