



Diagnostic Radiology Department

Symptom Summary: Breast

Patient Name: _____ Date: _____

Age: _____ Weight: _____ lbs. Height: _____ ft _____ in

Breast to be examined today: right left

Recent biopsy: yes no right left Lahey Other facility _____

Premenopausal

Date of 1st day LMP: _____ / _____ / _____

MRI falls on what day in your cycle? _____

Breast feeding? yes no

Are you currently on any of the following medications: Thyroid, Birth control, Tamoxifen, or any other hormone meds? yes no

Postmenopausal

Hormone Replacement Therapy: yes no Date started: _____ m / _____ yr

What is the name of your HRT medication? _____

Date of last mammogram: _____ / _____ / _____ Lahey Other facility _____

Date of breast ultrasound: _____ / _____ / _____ Lahey Other facility _____

Date of breast MRI: _____ / _____ / _____ Lahey Other facility _____

To the best of your understanding, please explain why you are having this breast MRI today. _____

Have you ever been diagnosed with cancer? yes no

Date of diagnosis: _____ / _____ / _____

What area of the body? _____

Have you had radiation? yes no Date of last treatment: _____ / _____ / _____

Have you had chemotherapy? yes no Date of last treatment: _____ / _____ / _____

Breast surgery: yes no right left Lahey Other facility _____

Date of surgery: _____ / _____ / _____