

## **MRI BREAST QUESTIONNAIRE**

1. Do you have a family history of breast cancer? YES \_\_\_\_\_ NO \_\_\_\_\_  
If so who and is the family member on maternal or paternal side?

---

2. Have you had a hysterectomy? YES \_\_\_\_\_ NO \_\_\_\_\_

3. Have you ever had a breast biopsy? YES \_\_\_\_\_ NO \_\_\_\_\_

Which breast \_\_\_\_\_

Malignant \_\_\_\_\_ Benign \_\_\_\_\_

What year did you have the breast biopsy? \_\_\_\_\_

If it was cancerous did you have a lumpectomy or mastectomy? \_\_\_\_\_ If so  
when \_\_\_\_\_

Chemotherapy \_\_\_\_\_ or Radiation \_\_\_\_\_ how many  
treatments \_\_\_\_\_

4. Are you on any kind of Hormone Pill, natural hormone or Patch, if so please list: \_\_\_\_\_

5. When did you start taking hormone replacement? \_\_\_\_\_

6. How long have you been off your hormone for this test? \_\_\_\_\_

7. Are you on an Birth Control? YES \_\_\_\_\_ NO \_\_\_\_\_

8. What age were you when you onset menses? \_\_\_\_\_

9. What age were you when you ended your menstrual? \_\_\_\_\_

10. How many children do you have? \_\_\_\_\_

11. How many pregnancies did you have? \_\_\_\_\_

12. How old were you when you had first child? \_\_\_\_\_

13. Where did you have your mammograms, ultrasound, or prior MRI's?  
\_\_\_\_\_

14. Are you diabetic? YES \_\_\_\_\_ NO \_\_\_\_\_

15. Do you have high blood pressure? YES \_\_\_\_\_ NO \_\_\_\_\_

16. Do you have any renal(kidney) problems? YES \_\_\_\_\_ NO \_\_\_\_\_

