

MAMMOGRAM QUESTIONNAIRE

DATE: _____

PATIENT'S NAME: _____

DATE OF BIRTH: _____

TELEPHONE NO: _____

Please tick the relevant box

1 Any previous Mammograms done? YES NO

2 Where were they done? _____

3 Reason for Mammogram ROUTINE LUMP
 PAIN OTHER _____

4 Any previous SURGERY BIOPSY OTHER of the breast?

Please give detail: _____

5 Any personal history of Cancer? YES NO

YEAR: WHERE: TREATMENT:

6 Any family history of Breast Cancer? YES NO

If YES, please specify relationship and age diagnosed: _____

