

MAMMOGRAPHY / ULTRASOUND WORK SHEET

PATIENT LABEL

Our practice ensures the highest standard for mammography and ultrasound and is accredited by the Royal Australian and New Zealand College of Radiology (RANZCR). RANZCR guidelines specify that all mammograms must be read independently by two radiologists. For this reason, you may not be able to take your films on the day of your examination, but will be able to collect your films the following day after the second reading.

1. Have you had a mammogram previously? Yes No
2. Have you had a breast ultrasound previously? Yes No
3. Why are you having this mammogram? (lump, pain, discharge, etc.) _____
4. Have you been previously diagnosed with breast cancer? Yes No If YES which side Right Left
5. Is there a history of Breast Cancer in the family? (if yes complete 5a) Yes No
 a. Which member of the family? _____ Age _____
6. Are you currently using hormone therapy? (e.g. Oestrogen, Premarian, Provera, etc.) Yes No
7. If you stopped using hormone therapy how long ago did it cease? _____
8. Have you had surgery to your breasts? Yes No
9. Have you had radiotherapy to your breasts? Yes No

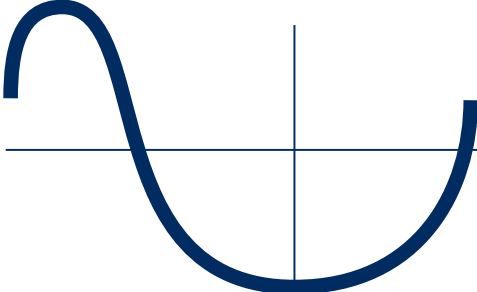
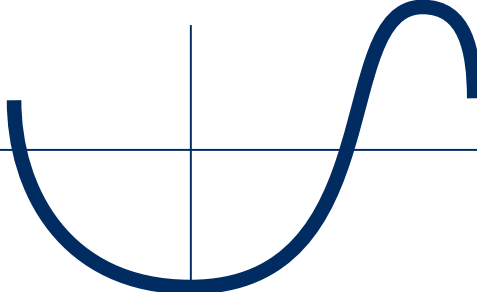
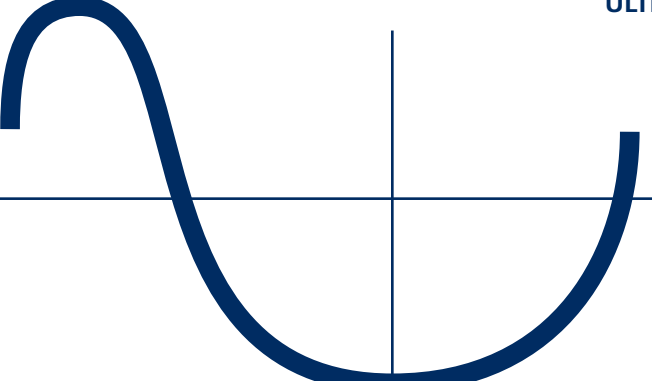
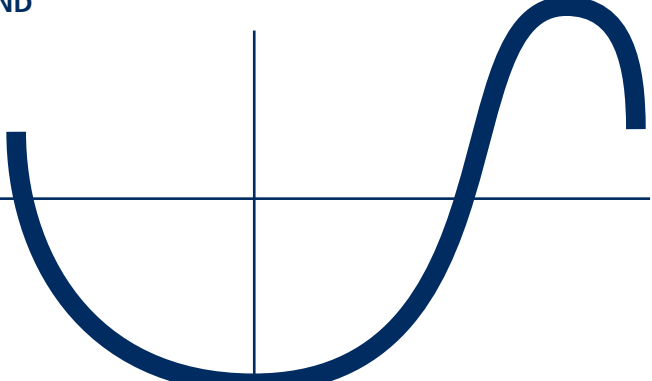
Please be advised that an accredited sonographer will perform your breast ultrasound, if an ultrasound if required.

Name: _____

Date: _____

Radiographer: _____

Sonographer: _____

RIGHT	MAMMOGRAPHY	LEFT
		
ULTRASOUND		
		

Patient resting on 45° pad with breast centred over chest. Lesion size in mm. Annotation to include o'clock position and distance from nipple in cm.

Appointment has been made for other Ultrasound on referral.

YES

NO

NOT APPLICABLE