Dakota RADIOLOGY
Women's Imaging

Patient ID: ______________________________

Patient Name: ______________________________

Examination Date: ______________________________

B-Date: ______________ Age: ______ Doctor: ______________

Other Studies

Date: _____ / _____ / _____ Location: ______________ Reason: ______________ Results: ______________

Date: _____ / _____ / _____ Location: ______________ Reason: ______________ Results: ______________

Date: _____ / _____ / _____ Location: ______________ Reason: ______________ Results: ______________

Visit Type

- ☐ Screening
- ☐ Follow-up at short interval from prior study
- ☐ Additional evaluation requested for prior study
- ☐ Review of an outside study
- ☐ Post-mastectomy
- ☐ Pre-reduction mammoplasty
- ☐ Pre-radiation therapy
- ☐ Follow-up adter lumpectomy
- ☐ Follow-up after biopsy

Problems Indicated

- ☐ Palpable abnormality
- ☐ Bloody discharge
- ☐ Non-bloody discharge
- ☐ Breast implant problem
- ☐ Lump or thickening
- ☐ Skin thickening or retraction
- ☐ Nipple abnormality
- ☐ Pain / tenderness
- ☐ Cancer elsewhere
- ☐ Personal hx of breast CA
- ☐ Fibrocystic
- ☐ Axilla Abnormality

Patient History

Patient Signature: ______________________________

Date: ______________________________

Routine Screening Mammogram: Yes ☐ No ☐

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Technologists

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Imaging Procedures

Mammography

- ☐ Mammogram - standard views
- ☐ Mammogram - additional views

Side: L R B

Ultrasound

- ☐ Ultrasound

Side: L R B

- ☐ Ductography

Side: L R B

- ☐ Other

Other Procedures

- ☐ U/S guided aspiration
- ☐ U/S guided core biopsy
- ☐ U/S guided localization
- ☐ Mammography guided localization
- ☐ Stereotactic core biopsy
- ☐ Stereotactic localization
- ☐ Pneumocystography

Views

Views	Standard	Spot	Magnification	Spot Magnification	Push back
Axillary tail	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal exaggerated to axilla	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal exaggerated medially	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal top rolled lateral	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal top rolled medial	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Craniocaudal from below	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Lateromedial	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Lateromedial oblique	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Mediolateral	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Mediolateral oblique	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Upper outer to lower inner oblique	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Tangential projection	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B
Cleavage	☐ L R B	☐ L R B	☐ L R B	☐ L R B	☐ L R B

Medical Information

SBE: Y N
CBE: ________________
BY: ________________

First mammogram _____ Y N
Hysterectomy Y N
Age Performed _____
Ovaries removed Y N
Age Performed _____

LMP: ___________________

Age at menarche _______________
Age at menopause _______________
Gravida _______________
Parity _______________
Age of 1st full term pregnancy _______________

Risk Factors

☐ None

☐ Personal history of breast cancer
☐ Personal history of gynocologic cancer
☐ History of high risk lesion on previous biopsy (LCIS) (ADH)
☐ Nulliparous
☐ Post menopausal
☐ Child bearing after 30

Family History

☐ None

☐ Weak - aunt, cousin, grandmother, etc.
☐ Intermediate - mother, daughter or sister or post-menopausal
Age: __________ at Diagnosis
☐ Strong - mother, daughter or sister or pre-menopausal
Age: __________ at Diagnosis

Implants

☐ None

☐ Pre-pectoral
☐ Retro-pectoral

Hormone Usage

☐ None

Estrogen	**Progesterone**	**Hormone Suppression**	**Medications**
Currently Using Y N	Currently Using Y N	Currently Using Y N	______________________
Age of first use ______	Age of first use ______	Age of first use ______	______________________
Duration of	Duration of	Duration of	______________________
longest use ________	longest use ________	longest use ________	______________________

History of Procedures

☐ None

Cyst Apiration
in left breast ______
in right breast _____

Excisional Biopsy
in left breast ______
in right breast _____

Mastectomy (circle & write year)
left breast Y N ____________
right breast Y N ____________

Reconstruction (circle and write year)
left breast Y N ____________
right breast Y N ____________

Core Biopsy
in left breast ______
in right breast _____

Lumpectomy (include year done)
in left breast ______
in right breast _____

Radiation Therapy (circle & write yr)
left breast Y N ____________
right breast Y N ____________

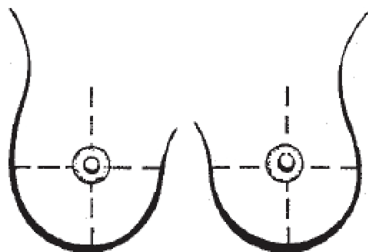
Breast Reduction Rt Lt Bi Year ___________

Chemotherapy Y N

Clinical Exam Findings

Felt by:________________________
Patient ☐ Doctor ☐

Marker Placed Yes No



Finding 1:
☐ Palpable abnormality
☐ Skin lesion
☐ Scar
Side L R B Size ___mm
Location
_____ o'clock or:
☐ Subareolar
☐ Central
☐ Axillary tail
Depth
☐ Anterior
☐ Middle
☐ Posterior

Finding 2:
☐ Palpable abnormality
☐ Skin lesion
☐ Scar
Side L R B Size ___mm
Location
_____ o'clock or:
☐ Subareolar
☐ Central
☐ Axillary tail
Depth
☐ Anterior
☐ Middle
☐ Posterior

Radiologist's Comments

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☐ Discussed results with patient
☐ Had tech discuss results w/patient

Rad. Signature ___________________

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____
____
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____

Tech Signature ______________________________ Date ______________