# MAMMOGRAPHY

## INFORMATION AND QUESTIONNAIRE

Imp_crm_____ Edition ___ Date ___/___/_____

OBS No. _____ Date ____/____/_____

## INFORMATION ABOUT THE EXAMINATION

Mammography is an X-ray examination of the breast, effective at detecting and characterising changes. To obtain good-quality images with the lowest possible dose, the breast is compressed for a few seconds, which can be uncomfortable.

- Always bring your previous examinations (images and reports): they are essential for comparison.
- Additional views and/or a breast ultrasound may be needed on the same day. Being called back for further assessment does not mean you have cancer.
- No test is perfect: a normal result does not rule out disease. Always report any new symptom (a lump, or a change in the breast or nipple), even if you have recently had a mammogram with a normal result.
- Preparation: do not use deodorant, talcum powder or cream on your underarms and breasts on the day of the examination; remove necklaces and piercings.
- If your breasts become tender before your period, the best time for the examination is between the 7th and 12th day after your period starts.
- Tell us if you are pregnant or possibly pregnant. Mammography can be performed during pregnancy when it is needed; in some cases the doctor may prefer to start with an ultrasound.

Weight _____ kg Height _____ m Date of last period ___/___/____

## CURRENT SYMPTOMS

| ANSWER WITH A CROSS (X) | NO | YES |
|---|---|---|
| Do you feel a lump in your breast? | | |
| Do you have persistent, localised pain in one breast? | | |
| Have you noticed recent nipple retraction, or eczema/flaking of the nipple? | | |
| Do you have any nipple discharge (especially from a single opening)? | | |
| Have you noticed a skin change (dimpling, "orange-peel" skin, thickening)? | | |

If you answered YES, state which breast (R/L) and for how long:

_____

If you have nipple discharge, state the colour (mark with X; you may choose more than one): ( ) clear/watery ( ) whitish/milky ( ) yellowish ( ) greenish ( ) brownish ( ) pinkish ( ) bloody/reddish ( ) don't know

Does the discharge come out on its own or only when you squeeze the nipple? (mark with X): ( ) comes out on its own (stains clothing/bra) ( ) only when I squeeze

## BREAST HISTORY

| ANSWER WITH A CROSS (X) | NO | YES |
|---|---|---|
| Have you had a mammogram, breast ultrasound or breast MRI before? | | |
| Have you had a breast biopsy? | | |
| Have you had breast surgery (including cosmetic/reduction/augmentation surgery)? | | |
| Do you have breast implants or have you had breast reconstruction? | | |
| Have you had mastitis (breast inflammation)? | | |

| ANSWER WITH A CROSS (X) | NO | YES |
|---|---|---|
| Have you had breast cancer? | | |
| Have you had ovarian cancer? | | |
| Did you have radiotherapy to the chest area between the ages of 10 and 30 (e.g. treatment for lymphoma)? | | |

If you answered YES to any of the questions above – details (what / when / where / which breast, if applicable): _____

## FAMILY HISTORY

| ANSWER WITH A CROSS (X) | NO | YES |
|---|---|---|
| Do you have relatives with breast cancer? | | |
| Do you have relatives with ovarian cancer? | | |
| Is there a known genetic mutation in your family (e.g. BRCA)? | | |

If YES, state the relationship and the age at diagnosis:

_____

## HORMONAL AND REPRODUCTIVE STATUS

| ANSWER WITH A CROSS (X) | NO | YES |
|---|---|---|
| Do you still have periods? | | |
| Have you reached the menopause? | | |
| Are you on hormone replacement therapy (HRT)? | | |
| Do you take hormonal contraceptives? | | |
| Have you had children? | | |
| Have you breastfed? | | |
| Are you pregnant or possibly pregnant? | | |
| Are you breastfeeding? | | |

If you have reached the menopause, at what age? _____ years · If you breastfed, for how long? _____

## TO BE COMPLETED BY THE RADIOGRAPHER / RADIOLOGIST

*Mark scars, retractions and skin lesions, and mastectomy; specify whether a unilateral mammogram or an additional view is performed. Record relevant findings reported by the patient.*

Notes:

_____

*I declare that the information I have given is true and that I have understood the information provided, having been given the opportunity to ask questions.*

| Signature or name of the patient or legal representative | Date |
|---|---|
| | ____/____/_____ |
| **If the patient is unable to sign – identification (ID) number** | **Relationship to patient** |
| | |
| **Validated by (radiologist or radiographer)** | **Date** |
| | ____/____/_____ |

*Data protection: the data collected are used solely to carry out the examination, produce its report and keep the clinical record, and are processed under the GDPR (Regulation (EU) 2016/679) and Portuguese Law No. 58/2019. You may exercise your rights of access, rectification and the other rights provided by law with CRMA (Data Protection Officer).*