



Title: NHB Mammography Patient History Form

Mammography Patient History Form
To Be Completed By Patient

NAME: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ AGE: \_\_\_\_\_

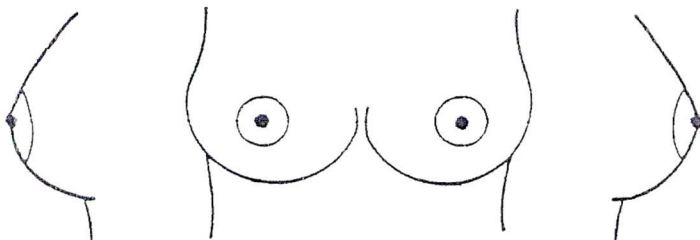
Referring MD: \_\_\_\_\_ MD Ph# \_\_\_\_\_

- 1. Have you had a mammogram before? NO YES
Where? When?
2. Is this a routine/annual mammogram? NO YES If no, why?
3. Have YOU or anyone in YOUR FAMILY had breast cancer? NO YES
If yes: YOURSELF/MOTHER/SISTER/ DAUGHTER/ AUNT/ GRANDMOTHER Diagnosis age:
4. Have you had a mastectomy? NO YES (breast removed: Right / Left)
5. Are you CURRENTLY pregnant? NO YES
6. Have you EVER had a child? NO YES
7. If yes, YOUR age when your 1st child was born:
9. Do you CURRENTLY use hormones? NO YES
10. Have you had weight change in the past year? NO YES
11. What is your current weight?
12. Have you had trauma to your breast that caused bruising? NO YES
13. Do you have breast implants? NO YES

OFFICE USE ONLY: To Be completed By Technologist

SYMPTOMS/SIGNS: NONE

Lump: RT LT Size: Duration:
Pain: RT LT Focal Diffuse Duration:
Nipple Retraction: RT LT Duration:
Skin Retraction: RT LT Duration:
Nipple Discharge: RT LT Duration:
Spontaneous Only when expressed Color:



AUTHORIZATION FOR DISCLOSURE OF PROTECTED HEALTH INFORMATION

By signing this authorization, I hereby authorize NHB to use and/or disclose certain protected health information (PHI) to or for the party or parties listed below: Patient Name: Date Of Birth:

This Authorization permits NHB to use or disclose the following PHI: all mammograms and / or ultrasounds and reports, Pathology and Lab reports. I understand that I may withdraw this authorization with written notice, except to the extent that action has already been taken based on my consent.

The information is to be disclosed to: Navicent Health Baldwin Mammography Dept. 821 North Cobb Street Milledgeville, GA 31061 Ph: (478) 776-4819 Fax: (478) 776-4822
Diagnostics Cowles Clinic 1000 Cowles Clinic Way, Pine Bld Greensboro, GA 30642 Ph: (706) 454-2660 Fax: (706) 454-2658

Signed By: Witness: Date:

Table with 2 columns: Entity-Department Name (Navicent Health Baldwin NHB Mammography), Revision Date (12/1/18), Page 1 of 1, Carbon Copy (# of pages)