



## MAMMOGRAPHY DEPARTMENT

10 Angeline St. N., Lindsay, ON K9V 4M8

Tel: 705 328 6186 Fax: 705 328 6189

RMH Use Only

*Our department will need both your hospital and health cards.*

*Please have previous mammograms, done at other institutions sent to Ross Memorial Hospital prior to your appointment.*

**Your appointment may be rescheduled if you are late.**

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Patient or Doctor Phone #: \_\_\_\_\_

Referring Doctors: \_\_\_\_\_

Address: \_\_\_\_\_ Exam #: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_

Present Complaint: \_\_\_\_\_

Do you have an accessibility concern? **YES** ☐ **NO** ☐  
**Call us!**

Routine ☐ Follow-up: ☐ Implants: Yes No  
Other: \_\_\_\_\_

Physician Signature

"All of the above must be completed and signed by the physician"

Age: \_\_\_\_\_

Menarche: \_\_\_\_\_

**Previous Mammogram:**

Parity: \_\_\_\_\_

Oophorectomy: \_\_\_\_\_

RMH: \_\_\_\_\_

Breast Feeding: \_\_\_\_\_

Last Period: \_\_\_\_\_

Other: \_\_\_\_\_ Films Here: ☐

Age at first pregnancy: \_\_\_\_\_

CHF yes no

Digital Here: ☐

**Previous Breast Surgery:** \_\_\_\_\_ **Breast Reduction:** \_\_\_\_\_ **Implants:** \_\_\_\_\_

**Biopsy: Core:** ☐

**Incision:** ☐

**Aspiration:**

**Mastectomy:**

**Treatment**

RT: \_\_\_\_\_

RT: \_\_\_\_\_

RT: \_\_\_\_\_

Radiation: \_\_\_\_\_

LT: \_\_\_\_\_

LT: \_\_\_\_\_

LT: \_\_\_\_\_

Chemo: \_\_\_\_\_

Medication: **Arimidex** **Evista**

**Femara**

**Herceptin**

**Tamoxifen** **Other** \_\_\_\_\_

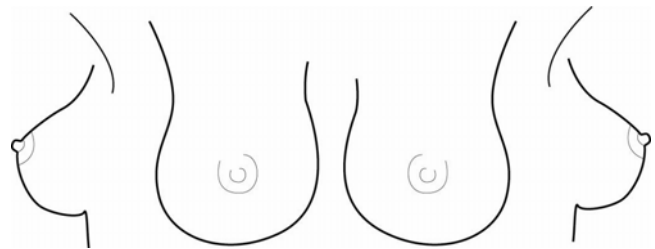
**HORMONE HISTORY (TYPE & DURATION):** \_\_\_\_\_

**BCP:** \_\_\_\_\_

**THYROID:** \_\_\_\_\_

### FAMILY HISTORY (BREAST or OVARIAN CANCER AND AGE OF DIAGNOSIS):

	Maternal	Paternal
GRANDMOTHER		
MOTHER		
SISTERS		
DAUGHTER		
AUNTS		
COUSIN		



Lump Mole Nipple Scar

TECH:  
IMAGE COUNT:

## **BEFORE YOUR MAMMOGRAM**

1. Please do not use powder, deodorant or perfume on the day of your appointment.
2. If your breasts are sensitive, eliminating or reducing caffeine for a few days prior to your appointment can make the exam more comfortable.

**IF YOU ARE UNABLE TO KEEP YOUR APPOINTMENT,  
PLEASE NOTIFY US AS FAR IN ADVANCE AS POSSIBLE AT:**

**705 328 6186**

**AS WE HAVE A WAITING LIST**