

WILGERS FEMALE IMAGING CENTRE

MAMMOGRAM / SONAR VRAELYS

Van: _____

Naam: _____

Is hierdie u eerste mammogram / sonar?: Ja Nee

Indie nee, waar _____ en wanneer?: _____

Hormoon vervangings terapie?: Nee Ja, vir hoe lank?: _____

Histerektomie?: Nee Ja, wanneer: _____

Familie geskiedenis van bors / ovarium / kolon kanker?: _____

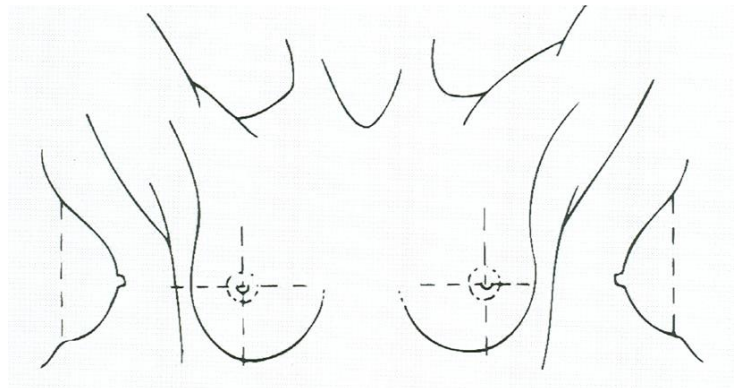
Verwantskap?: _____

Pasiënt borsgeskiedenis:	R Bors	L Bors	Jaar
Biopsies			
Goedaardige knoppe verwyder			
Lumpektomie			
Mastektomie			
Chemoterapie			
Radioterapie			
Hormoon terapie			

- Borsinplantings / protese? _____ Jaar: _____
- Verkleinig? _____ Jaar: _____
- Borste gelig? _____ Jaar: _____

Rede vir ondersoek: _____

	R Bors	L Bors
Tepel afskeiding		
Pyn in bors		
Voel knop: (Dui aan op skets)		



WILGERS FEMALE IMAGING CENTRE
MAMMOGRAM / ULTRASOUND QUESTIONNAIRE

Surname: _____

Name: _____

Is this your first mammogram / ultrasound?: Yes No

If no, where _____ and when?: _____

Hormone replacement therapy?: No Yes, for how long?: _____

Hysterectomy?: No Yes, when: _____

Family history of breast / ovarian / colon cancer?: _____

Relation?: _____

Patient breast history:	R Breast	L Breast	Year
Biopsies			
Benign lumps removed			
Lumpectomy			
Mastectomy			
Chemotherapy			
Radiotherapy			
Hormone therapy			

- Breast implants / prostheses? _____ Year: _____
- Reduction? _____ Year: _____
- Breast lift? _____ Year: _____

Reason for examination: _____

	R Breast	L Breast
Nipple discharge		
Pain in breast		
Feel a lump: (Indicate on picture)		

