

# Mountaineer Imaging

Name: \_\_\_\_\_ Soc. Sec. #: \_\_\_\_\_ Date \_\_\_\_\_

PRESENT AGE	DATE OF BIRTH	HOME PHONE	WORK PHONE
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Number of Pregnancies: \_\_\_\_\_ Age at first pregnancy: \_\_\_\_\_ Number of miscarriages: \_\_\_\_\_

Age at first period: \_\_\_\_\_

Please answer the following questions by Circling **YES** OR **NO**

- YES NO Do you have breast implants?  
 YES NO Have you gone or are you now going through menopause? Age at menopause: \_\_\_\_\_  
 YES NO Have your ovaries been removed?  
 YES NO Have you taken hormone or birth control pills? If so, at present? \_\_\_\_\_ In the past? \_\_\_\_\_  
 YES NO Has anyone in your family had breast cancer? If so, circle: Mother Sister Daughter  
 YES NO Have you ever had cancer of the uterus, ovaries or colon?  
 YES NO Have you had a previous mammogram? If so, state when and where:

Describe any previous breast surgery you have had and give approximate date(s):

Right breast: \_\_\_\_\_ Date: \_\_\_\_\_

Left breast: \_\_\_\_\_ Date: \_\_\_\_\_

Have you had any of the following?				Right	Left	Both	When?	For How Long?
Chemotherapy	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Radiation Therapy	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Cyst Aspiration	Yes	No	If yes, Which Side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Needle Biopsy	Yes	No	If yes, Which Side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Excisional Biopsy	Yes	No	If yes, Which Side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Lumpectomy	Yes	No	If yes, Which Side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mastectomy	Yes	No	If yes, Which Side?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Your Signature (X) \_\_\_\_\_ Referring Physician \_\_\_\_\_

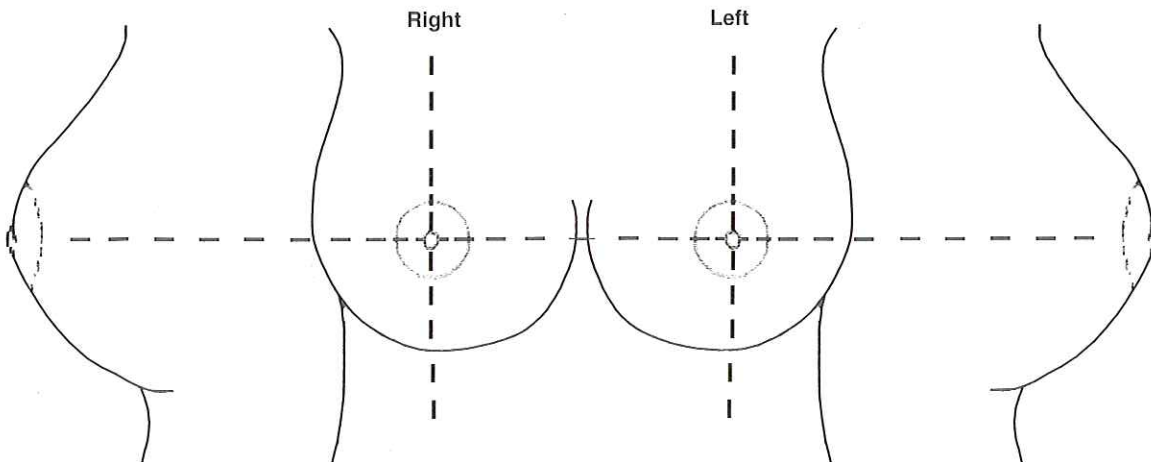
**OFFICE USE ONLY**

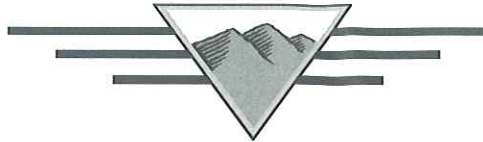
Any known lump? \_\_\_\_\_

Bleeding or discharge from nipple? \_\_\_\_\_

Current history or complaint \_\_\_\_\_

Show palpable lumps in two projections. Also note any protruding moles and all scars. \_\_\_\_\_





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It is estimated that a woman's lifetime risk of developing breast cancer is about one in seven. According to the American Cancer Society, over 215,000 new cases of breast cancer will occur in the United States and over 40,000 women are expected to die from this disease.

Mammography is the most effective method of screening for breast cancer and can lead to early detection, which is the key to higher survival rates, better prognosis and lower treatment costs.

Mountaineer Imaging has the ImageChecker system to assist our Radiologists with detection. This CAD (Computer-Aided Detection) system analyzes medical images using proprietary software that highlights areas that contain features associated with potential disease.

The ImageChecker acts like a "spell-checker" for medical images, performing over one billion calculations per film. It is designed to assist in reducing the number of false-negative readings by drawing attention to areas that warrant a second review.

There is an additional charge for the CAD analysis. Mountaineer Imaging is not aware of any government payer or insurance carrier that does not pay for this service. Mountaineer Imaging recommends this service; however if you do not wish for us to use the CAD, please indicate your wishes below. If you have any additional questions about this procedure, please ask a Mountaineer Imaging employee.

I **DO** wish to have the CAD service \_\_\_\_\_

I **DO NOT** wish to have the CAD service \_\_\_\_\_

Patient Name \_\_\_\_\_ Date \_\_\_\_\_

Patient Signature \_\_\_\_\_