



## The Breast Center

Houston Northwest Medical Center

710 FM 1960 West  
Houston, Texas 77090  
www.hnmc.com



\*HNMLG\*

## MAMMOGRAPHY DISCLOSURE AND CONSENT

You have the right, as a patient, to be informed about any diagnostic procedure that might involve, even though minimal, any risks or complications. This disclosure is not meant to frighten or alarm you; it is simply an effort to make you better informed.

X-ray examination of the breast (mammography) is the most accurate method of detecting breast cancer. You should understand, however, that a mammogram is not 100% effective in detecting all breast cancers. Some cancers may be seen on the x-ray study and cannot be felt on physical examination. Other cancers can be felt on physical examination, but cannot be seen on the x-ray study. It is estimated that as many as 10% of cancers cannot be detected by the mammogram in certain types of breasts. A negative or normal mammogram does not completely exclude the possibility of breast cancer. **Additional views of your breasts may be requested by the Radiologist. We will call you if this is necessary. It does not mean that your mammogram is abnormal.** If you have not had a recent breast examination by a health professional prior to the mammogram, you must contact your doctor for a breast examination. Please remember to perform your monthly Breast Self Examination and notify your doctor of any changes, thickening, or lumps that you might encounter.

Compression of the breast is necessary to obtain the best possible views of the inside of your breasts with the least amount of radiation. You might be wondering why such vigorous compression is necessary. This kind of compression, while briefly uncomfortable for you, is better for you in the long run: It helps us take much clearer x-rays of your breast with much less radiation. It's important for you to realize that:

1. Compression isn't dangerous. It doesn't damage breast tissue in any way.
2. Compression produces no long-term discomfort.

The presence of an implant poses a special situation for mammographic technique and interpretation since a portion of the breast tissue may be obscured by the implants. In addition, implants are subject to complications such as the possibility of rupture, leakage, or displacement during compression. Even though these complications are not common, you as a patient need to know they can occur.

I do not have breast implants.

I do have breast implants.

Radiation can potentially be harmful to a developing fetus. If there is any possibility you are pregnant this exam must be discussed with your physician and possibly rescheduled.

I am not pregnant.

I could possibly be pregnant.

I certify that I have received and read this information prior to my mammographic exam and that I understand its contents. I understand that it is my responsibility to contact my physician for my results. I also authorize my physician to release information to Houston Northwest Medical Center pertaining to my mammogram. This information is required to maintain ACR accreditation.

\_\_\_\_\_  
Signature / Date

\_\_\_\_\_  
Patient Label



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**BREAST QUESTIONNAIRE**

PATIENT'S NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

AGE: \_\_\_\_\_ PATIENT'S CONTACT PHONE #: \_\_\_\_\_ REFERRING PHYSICIAN: \_\_\_\_\_

I. **Did you or your physician feel a lump in your breast?**  No  Yes If yes, how long \_\_\_\_\_  
 Left  Right  Both

II. **Do you have a Discharge from Nipple?**  
 No  Yes  Left  Right  Both

Other physicians would like a report sent to:

III. **Do you currently have pain other than related to your menstrual period?**  
 No  Yes  Left  Right  Both

IV. **Do you see a change in the appearance in your breast?**  
 No  Yes  Left  Right  Both  
 Other \_\_\_\_\_

**V. PERSONAL HISTORY**

Medications:

- Do you practice breast self-examination?  
 Regularly (Monthly)  Occasionally  Never
- Have you had prior mammograms?  
 No  Yes Date \_\_\_\_\_ Where \_\_\_\_\_
- Were there any abnormalities on a past mammogram?  No  Yes Explain: \_\_\_\_\_
- Have you had a prior breast ultrasound?  No  Yes Date \_\_\_\_\_ Results: \_\_\_\_\_
- Have you ever had Breast Cancer?  No  Yes If yes, breast \_\_\_\_\_ date; other \_\_\_\_\_ date  
Treatment: \_\_\_\_\_
- Have you had prior breast surgery?  No  Yes Biopsy  No  Yes Date \_\_\_\_\_ Type \_\_\_\_\_ Which breast \_\_\_\_\_  
Results: \_\_\_\_\_
- Have you had a significant change in your weight (up or down more than 10 pounds) since your last mammogram?  No  Yes

**VI. MENSTRUAL/PREGNANCY HISTORY**

No Yes

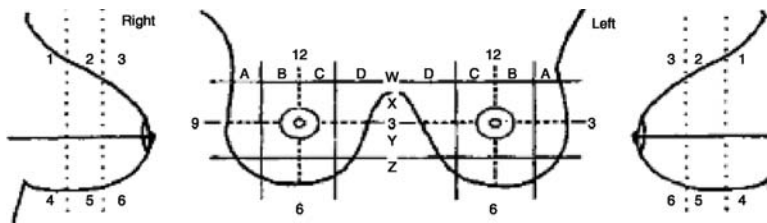
- Are you pregnant now? .....  No  Yes
- Are you currently taking any of the following:  
Estrogen .....  No  Yes If yes, dates \_\_\_\_\_  
Progesterone .....  No  Yes If yes, dates \_\_\_\_\_
- What was your age at your first menstrual period? \_\_\_\_\_
- What was your age at your first pregnancy? \_\_\_\_\_
- What was your age at the birth of your first child? \_\_\_\_\_
- When was your last menstrual period? \_\_\_\_\_

**VII. FAMILY HISTORY: Has anyone in your family had breast cancer?**

- No  Yes Who: \_\_\_\_\_ Age: \_\_\_\_\_  
 No  Yes Ovarian: Who: \_\_\_\_\_ Age: \_\_\_\_\_  
 No  Yes Colon: Who: \_\_\_\_\_ Age: \_\_\_\_\_

Are you wearing deodorant, body lotion or powder?  Yes  No

**TO BE COMPLETED BY TECHNOLOGIST** Mark location of lump(s), scar(s), mole(s), tenderness



Lump ( x )  
Scar ( ≡ )  
Mole ( • )  
Tenderness ( ↑ )  
Patient Label

No Moles, scars, etc. Tech Sign> \_\_\_\_\_