Montclair Breast Center MRI

37 North Fullerton Avenue
Montclair, NJ 07042
(973) 746-5531
Fax: (973) 509-2031
www.montclairbreastcenter.com

MRI QUESTIONNAIRE

Name: ______________________ Date: ______________________

D.O.B.______________ Age: __________ Weight:______________ Height:__________

How many pregnancies? ________ How many live births? ________ Age at first full-term pregnancy? ________

When was your last mammogram? ______________________ Where: ______________________

Present complaints: ____

Starting date of last menstrual cycle: ____

BEST CONTACT TELEPHONE # FOR RESULTS: ______________________________

PATIENT HISTORY:

Could you be pregnant? ❑ Yes ❑ No

Are you breast feeding? ❑ Yes ❑ No

Do you take hormones? ❑ Yes ❑ No

Family history of breast cancer? ❑ Yes ❑ No Who? ______________________

Do you currently smoke? ❑ Yes ❑ No Former Smoker?______________________

Do you have personal history of breast cancer? ❑ Yes ❑ No When? ______________________

Have you had breast surgery? When ______________ Results ______________________

Are you currently taking Tamoxifen/Arimidex? ❑ Yes ❑ No In the past, if so when and how long? ________

Are you currently taking a hormone medication, patch, or cream? ❑ Yes ❑ No If yes did you stop at least 10 days ago? ______

Have you had chemotherapy or radiation? ______________________________

Do you have implants? ❑ Yes ❑ No Type ______________________

Do you have kidney problems? ❑ Yes ❑ No Explain ______________________

SAFETY QUESTIONS:

Do you have one of the following? Please circle below:

Pacemaker	Implants/Prosthesis
Artificial Heart Valve	Aneurysm Clip
Pumps (Insulin, etc.)	Wig/Hairclip/Bobby Pins/Body Piercing
Removable Dental Work	Medication Patches
Hearing Aid	Cosmetic Tatooing

Have you done any welding, grinding, or cutting of metal? ______________________

Is there any metal in your eyes? ______________________________

PATIENT HAS COMPLETED AND REVIEWED QUESTIONNAIRE:

PATIENT SIGNATURE:______________________ **DATE** ______________________

TECHNOLOGIST INITIALS: ______________________