noosa radiology

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Client Pre-Mammogram Questionnaire (Fillable PDF)

Generated 2025-12-31

Please complete before your appointment.

Your answers may be used to estimate breast cancer risk using validated tools (e.g., Tyrer-Cuzick/IBIS, CanRisk/BOADICEA, Manchester score, Penn II). If you are unsure about any family history details, provide your best estimate.

A. Personal details

Full name: _____ Preferred: _____

Date of birth (DD/MM/YYYY): _____ Medicare: _____

Phone: _____ Email: _____

Address: _____

GP (name & practice): _____

B. Reason for visit / symptoms

Tick all that apply:

- ☐ Routine screening
- ☐ Family history / risk assessment
- ☐ Breast lump
- ☐ Breast pain
- ☐ Nipple discharge
- ☐ Skin/nipple change
- ☐ Other (specify below)

Side (if symptoms): ☐ Left ☐ Right ☐ Both

Details (symptoms, duration, location, etc.):

C. Current pregnancy / breastfeeding

Are you currently pregnant? ☐ No ☐ Yes ☐ Unsure

Are you currently breastfeeding? ☐ No ☐ Yes ☐ Unsure

If yes: time of last breastfeeding / pumping: _____

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D. Personal breast history

Have you ever had breast cancer or DCIS? ☐ No ☐ Yes

If yes: age _____ Year _____ Side: ☐ L ☐ R ☐ Both

Treatments received (tick all that apply):

☐ Surgery
☐ Radiotherapy
☐ Chemotherapy
☐ Endocrine therapy
☐ HER2 therapy
☐ Other (specify) _____

Do you have a history of high-risk breast pathology? (tick any)

☐ Atypical ductal hyperplasia (ADH)
☐ Atypical lobular hyperplasia (ALH)
☐ LCIS
☐ Other (specify) _____

Tick any procedures you have had and add details (side, year).

• Breast augmentation (implants): ☐ No ☐ Yes
Side: ☐ L ☐ R ☐ Both Year: _____

• Breast reduction: ☐ No ☐ Yes
Side: ☐ L ☐ R ☐ Both Year: _____

• Benign breast surgery (e.g., cyst excision): ☐ No ☐ Yes
Details:

• Mastectomy: ☐ No ☐ Yes
Side: ☐ L ☐ R ☐ Both Year: _____

• Lumpectomy: ☐ No ☐ Yes
Side: ☐ L ☐ R ☐ Both Year: _____

• Reconstruction (TRAM/DIEP/implant): ☐ No ☐ Yes
Details:

Have you ever had a breast biopsy? ☐ No ☐ Yes ☐ Unsure

If yes: year(s) and results (if known):

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E. Family history of cancer

List blood relatives on BOTH sides. Include cancer type(s) and age at diagnosis (or approximate).

Relative	Side M/P	Cancer type(s)	Age at dx	Bilateral / Male	Alive? Y/N	Notes

Additional family history details / clarifications:

How many sisters do you have?

How many maternal half sisters do you have?

How many paternal half sisters do you have?

How many sisters does your mother have?

How many sisters does your father have?

F. Genetic testing / known familial variants

Have you had genetic testing (e.g., BRCA1/2, multigene panel)? ☐ Yes ☐ No

If yes: result ☐ Negative ☐ Positive ☐ Variant uncertain

Gene(s): Year:

If you know you carry a gene mutation, tick and specify:

☐ BRCA1 ☐ BRCA2 ☐ PALB2 ☐ CHEK2 ☐ ATM ☐ TP53

☐ PTEN ☐ CDH1 ☐ Other:

Is there a known pathogenic variant in the family? ☐ Yes ☐ No

Gene & relative:

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G. Hormonal and reproductive history

Age at first period (menarche):

Number of pregnancies (gravida): Number of births (para):

Your age at first live birth: ☐ No children Breastfeeding (months):

Menopause status: ☐ Pre ☐ Peri ☐ Post ☐ Unsure Age at menopause:

Hormone replacement therapy (MHT): ☐ Never ☐ Current ☐ Past

Type: ☐ Estrogen-only ☐ Combined Total years:

Oral contraceptive pill (OCP): ☐ Never ☐ Current ☐ Past Years:

Ovary/uterus surgery: ☐ None ☐ Hysterectomy ☐ Oophorectomy/BSO

☐ Mirena Year:

H. Other risk factors

Height (cm): Weight (kg): Alcohol (drinks/week):

Smoking: ☐ Never ☐ Former ☐ Current Cigarettes/day:

Exercise: sessions/week

Prior chest radiotherapy? ☐ Yes ☐ No Age at RT:

Ashkenazi Jewish ancestry / high-risk ethnicity? ☐ Yes ☐ No Specify:

• Male breast cancer in family: ☐ No ☐ Yes ☐ Unsure

If yes, who?

• Ovarian/fallopian tube/peritoneal cancer in family: ☐ No ☐ Yes ☐ Unsure

If yes, who?

• Pancreatic cancer in family: ☐ No ☐ Yes ☐ Unsure

If yes, who?

• Prostate cancer (especially high-grade/metastatic) in family: ☐ No ☐ Yes ☐ Unsure

If yes, who?

• Any relative with breast cancer under age 50: ☐ No ☐ Yes ☐ Unsure

• Any person with two breast cancers (bilateral or separate diagnoses): ☐ No ☐ Yes ☐ Unsure

• If you have had breast cancer: was it triple negative (ER-/PR-/HER2-)? ☐ No ☐ Yes ☐ Unsure

• Have you been told you have dense breasts? ☐ No ☐ Yes ☐ Unsure

If yes, BI-RADS: ☐ A ☐ B ☐ C ☐ D ☐ Unknown

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I. Previous breast imaging

Please list any previous imaging and where it was performed.

Imaging type	Date	Where	Outcome (if known)
☐ Mammogram ☐ USS ☐ MRI ☐ CEM ☐ Other:			
☐ Mammogram ☐ USS ☐ MRI ☐ CEM ☐ Other:			

J. Confirmation

I confirm the information above is accurate to the best of my knowledge.

Signature: Date:

Please email your completed form to:

Submit via email

info@noosaradiology.com.au

Noosa Radiology
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