



BREAST MRI QUESTIONNAIRE

PATIENT I.D. _____

Your doctor has ordered a Magnetic Resonance Imaging (MRI) study of your breasts. In order to provide optimal analysis of the pictures, please provide the following information:

1. Please list Medications / Hormones / Birth Control Pills you are currently using:

If You are currently on hormone therapy or birth control pills and this is a screening exam, it is suggested that you be OFF therapy for at least 4 weeks before the MRI exam if possible. Otherwise, MRI images may have decreased sensitivity.

2. When was the first day of your last menstrual period? _____

3. Any palpable abnormalities? Yes No
Where: _____

4. Any breast problems, including discharge or pain? Yes No
Where: _____

5. Previous biopsy? Yes No
When: _____ Where: _____

6. Previous mammogram, ultrasound or MRI? No Mammogram Ultrasound MRI
Mammo: When: _____ Where: _____
Ultrasound: When: _____ Where: _____
MRI When: _____ Where: _____

If you've had a previous mammogram, MRI and/or ultrasound, it is very important that we have the previous films to compare.

7. Date of next appointment with your referring MD: _____

8. If you have breast implants, please answer the following:
Type: Single Lumen Double Lumen Silicone Saline Expander
Date inserted: _____

If you have an expander implant with magnetic port, MRI is contraindicated.

Patient's Name (*print*) Signature Date Time

Staff Name / Title Signature Date Time