



**SULTAN AHMAD SHAH MEDICAL CENTRE @IIUM
MAMMOGRAM / BREAST ULTRASOUND QUESTIONNAIRE**

Name:	IC No:	Date:
Address:	Referral from:	MMG No:
	LPPKN / IIUMSC / Sultan Ahmad Shah Medical Centre @IIUM	
	Ward:	
	Clinic:	
Last Menstrual Period:	Age:	Race:
Any Previous Mammogram (Date/Place) <i>if available :</i>	Menarche Age:	Tel No:
	Menopause Age:	
Marital Status : Single / Married / Widowed / Divorced		
No. Of Children:		
Breastfeed: YES / NO		

RELEVANT PERSONAL HISTORY

		Yes	No	Remark
A	Personal History Of Breast Cancer			
B	Family History of Breast Cancer			
	i) First Degree Relatives (Mother, Siblings, Daughter)			
	ii) Others (Aunty, Grandmother, Cousin)			
C	Previous Surgery/Biopsy/FNAC			
D	Birth Control Pills/Hormone Replacement Therapy			
E	i) Breast Implant (Eg : Silicone, Saline)			
	ii) Breast Injections (Eg : Filler, Collagen)			

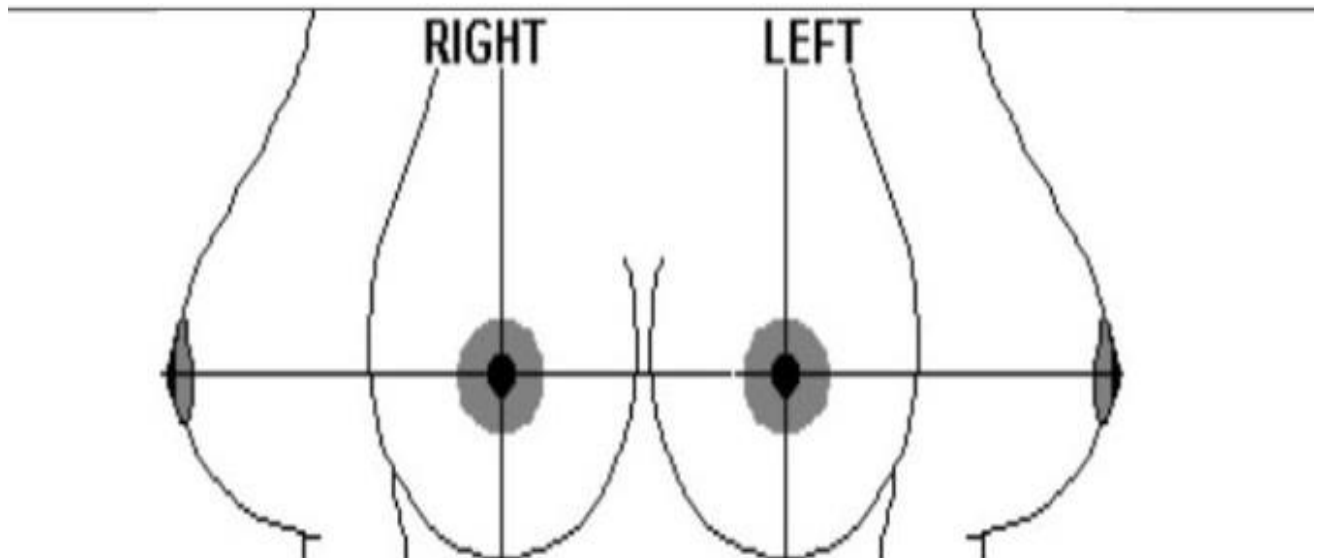
PHYSICAL EXAMINATION

		Yes	No	Remark
A	Lump In Breast			Site : Right / Left
B	Nipple Discharge			Colour :
C	Nipple Retraction			
D	Axillary Nodes Swelling			
E	Skin Changes			

Reason Of Examination: Indicates (/) For The Appropriate Answer	Remark:
1. Screening / Asymptomatic () 2. Diagnostic / Symptomatic ()	

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CLINICAL FINDING



The diagram shows a top-down view of two breasts, labeled 'RIGHT' and 'LEFT'. A horizontal line and a vertical line intersect at the center of each breast. Below the diagram is a legend for clinical findings:

- O lump
- X Mastectomy
- Mole
- XXXXXX Scar