BREAST MRI QUESTIONNAIRE

Your doctor has ordered a Magnetic Resonance Imaging (MRI) test 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 prior to 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 the Expander Implant with magnetic port, MRI is contraindicated.

Patient’s Name (print)  Signature  Date  Time

Staff Name / Title  Signature  Date  Time