BREAST MRI QUESTIONNAIRE

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