



# UMass Memorial Health

## Mammogram Scheduling Questions/Requirements

\*\*\* Please refer to this form when scheduling a Mammogram\*\*\*

Information below is required prior to scheduling exam.

When and where was patients last Mammogram?

\_\_\_\_\_  
(If outside of UMass Memorial, please advise patient to obtain a copy of images on a disk to bring in for comparison)

Does the patient have breast implants? Y or N

Does the patient have history of breast cancer? Y or N

If yes, which side and date diagnosed.

\_\_\_\_\_

Can the patient sit and stand without assistance? Y or N

If no, does the patient need a Hoyer lift for the exam?

\_\_\_\_\_

Is the patient experiencing any breast issues at this time? Y or N

If yes, please explain

\_\_\_\_\_

Location of breast issue (mass/lump) \_\_\_\_\_ O'clock

Is the patient breast feeding? Y or N