

Breast Examination form

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Please answer the questions below:

	YES	NO
There is a family history of breast cancer	☐	☐
I use menopausal hormone therapy	☐	☐
I have undergone breast surgery	☐	☐
I have breast implants	☐	☐
I have tattoos on my chest/arms	☐	☐
Previous MRI images may be used for comparison	☐	☐

I have/have had breast cancer YES ☐ NO ☐

Year:

I have previously had a breast MRI YES ☐ NO ☐

Where:

When:

Additional information

Date Personal identity number

Signature Printed name



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For better health