Dr. Klaus Meier Dr. Andreas Stoldt Dr. Stefan Ladner Prof. Christian Plathow, M.Sc. PD Dr Moritz Palmowski

Quality Management **Mammography Sonography**

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Mammography Sonography

Patient name: **Date of birth:**	**Patient's address:** **Phone:**
Last mammography (when, where):	
First menstrual bleeding (at the age of):	
Last menstrual bleeding (at the age of/on which day):	
Number of births before the age of 30:	
after the age of 30:	
Duration of the breastfeeding periods:	
Are you currently pregnant?	Yes No (please circle where applicable)
I am currently breastfeeding	Yes No (please circle where applicable)
Do you take hormone supplements? (pills)	Which ones?
	Since when? Dosage?
	Dosage?
Severe mastitis (at what age? Which breast?)	
Have you ever had breast surgery? (When? Right? Left? Results?)	
Have you ever had breast radiotherapy? (Until when? Right? Left?)	
Family history of cancer? (Who, which organ?)	
Any changes in the breast? (Since when? Which? Right? Left?)	

- **I do not have any more questions and give my consent to the proposed examination.**
- **Until further notice, I hereby consent that my treating physicians obtain findings from other service providers and forward findings obtained from me to other attending physicians in accordance with § 73 (1b) of Social Code Volume. V.**

Baden-Baden, date **Signature:**

If desired, you will receive a copy of this sheet.

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