MANHATTAN DIAGNOSTIC RADIOLOGY

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MRI / PEM OF THE BREAST
PATIENT QUESTIONNAIRE

Patient Name_____ Date of Examination_____

Please answer the following questions:

1. Are you still menstruating (having periods)? ☐ Yes ☐ No

   If YES, what is the date of your last menstrual period? _____

   If NO, when did you stop menstruating (year)? _____

   Was this due to: Menopause _____

   Hysterectomy _____

   Other _____

2. Do you take hormone replacement therapy (HRT)? ☐ Yes ☐ No

3. Have you had previous surgery on your breast? ☐ Yes ☐ No

If yes, what type of surgery?	Side	Year
Biopsy	R / L	_____
Mastectomy	R / L	_____
Other	R /L	_____

4. Have you had radiotherapy to your breast area? ☐ Yes ☐ No

   Side

   R / L

   If yes, when did the treatment finish (month & year)? _____

Thank you for completing this questionnaire.

The information provided will help with the interpretation of your scan.

_____ _____ _____

Patient Signature *Patient Name* *Date*