



## MAMMOGRAPHY HISTORY / MAMMOGRAFIE GESKIEDENIS

PATIENT'S NAME:  
PASIËNT NAAM: .....

REFERRING DR:  
VERWYS. DR: .....

AGE  
OUDERDOM: .....

DATE/DATUM: .....

### HISTORY / GESKIEDENIS:

Number of children:  
Aantal kinders: .....

Did you breastfeed?  
Het u geborsvoed?

Y / N  
J / N

If yes, for how long did you breastfeed? .....  
As ja, vir hoe lank? .....

Menopause?  
Menopouse?

PRE   
PRE

POST   
POST

AT PRESENT   
HUIDIG

Do you use any hormone treatment? Y / N

Gebruik u enige hormoonbehandeling? J / N

If yes, for how long have you been using this? / As ja, vir hoe lank gebruik u dit? .....

Do you have any family history of breast cancer? If yes, please specify relation below:  
Het u 'n familie geskiedenis van borskanker?

Have you had a previous mammogram? Y / N

Het u al 'n vorige mammogram gehad? J / N

Reason for this mammogram / Rede vir hierdie mammogram:

Have you had any previous surgery to your breasts? / Het u enige vorige chirurgie aan u borste gehad?

Please indicate / Dui aan:

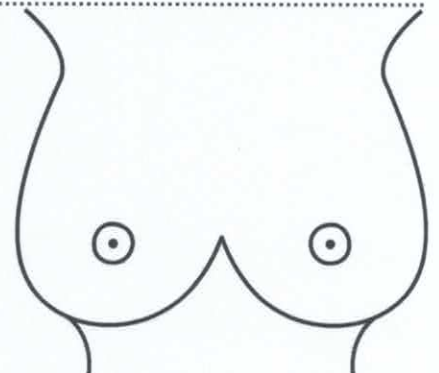
Masses / Massas



Scars / Littekens



Moles / Moesies



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PATIENT NUMBER BARCODE

DOCUMENT TYPE BARCODE



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