

JABATAN RADIOLOGI

HOSPITAL _____

Tel: _____ Ext: _____ / _____ or NGCS _____

BREAST IMAGING SURVEY FORM (Please fill in into two copies)

RN : _____ IC / Passport No : _____

Name : _____

Request : Screening Diagnostic Additional Views

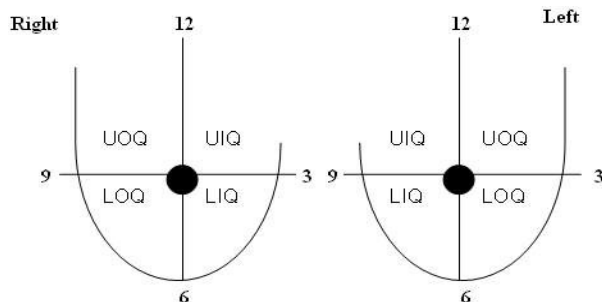
Previous imaging & date : _____

Menarche y/o Menopause y/o LMP / /
Day Month Year

Parity Number of children Breastfed (In months)

| Risk Factors | | | | | Remarks |
|--|-------|----|------|----|---------|
| Family History of Cancer (Relationship & age of onset) | | | | | |
| Personal History of Cancer (Breast, Ovarian and others) | | | | | |
| Hormonal history (HRT/OCP and others) | | | | | |
| Genetic testing (BRCA 1, BRCA 2 and others) | | | | | |
| Clinical Data | Right | | Left | | Remarks |
| | Yes | No | Yes | No | |
| Breast pain / tenderness | | | | | |
| Lump in breast | | | | | |
| Nipple discharge | | | | | |
| Skin & nipple changes | | | | | |
| Nipple retraction / Inversion | | | | | |
| Axillary nodes swelling | | | | | |
| Biopsy history & HPE | | | | | |
| Previous surgical intervention (Surgery / Implant / RT / ChemoTx) | | | | | |

Impression :

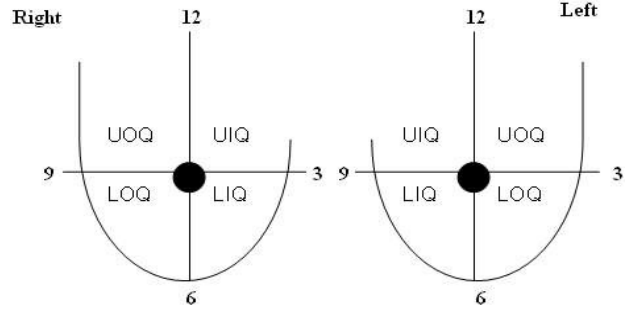


Signature & stamp of the Medical Officer/ Specialist

RADIOGRAPHER FINDINGS :-

Please note any:

| | |
|----------------|--|
| Scar | |
| Mole | |
| Lump | |
| Nipple changes | |
| Skin Folds | |



| Projection | | kVp | mAs | Thickness | Dose | No of images | PGMI score |
|--------------------|-----|-----|-----|-----------|------|--------------|------------|
| Right | CC | | | | | | |
| | MLO | | | | | | |
| Left | CC | | | | | | |
| | MLO | | | | | | |
| Additional views | | | | | | | |
| Repeat projections | | | | | | | |

BIRADS Breast composition :

| | | | | |
|---|---|---|---|---|
| a | b | c | d | e |
|---|---|---|---|---|

RADIOLOGIST REPORT :-

(Signature of Radiographer)

Please tick (✓) where appropriate

| Findings | RT | LT |
|--------------------------|----|----|
| Mass | | |
| Architectural Distortion | | |
| Asymmetrical density | | |
| Calcifications : | | |
| (i) Macro | | |
| (ii) Micro | | |
| Axillary nodes | | |
| Others | | |

Impression :-

BIRADS Category :-

| | | | | | | |
|---|---|---|---|---|---|---|
| 0 | 1 | 2 | 3 | 4 | 5 | 6 |
|---|---|---|---|---|---|---|

Recommendation :-

Signature & stamp of the Medical Officer/ Specialist