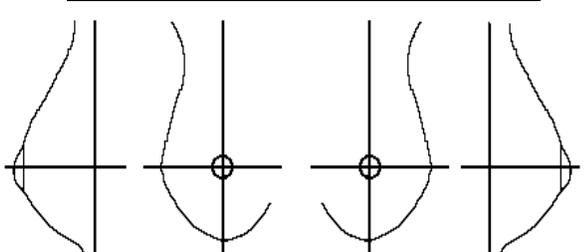


MAMMOGRAPHY WORKSHEET

(See Privacy Act Statement on Reverse Side.)

<p>AHLTA/ Annual Screening: Mammogram, Annual Screening (MAMC)</p> <p>CHCS Mammogram, Annual Implants Screening (MAMC)</p> <p>Pick Breast Ultrasound: Mammogram, Ultrasound Breast Only, BILAT</p> <p>List Mammogram, Right Breast Ultrasound Only Mammogram, Left Breast Ultrasound Only</p> <p>Diagnostic: Mammogram, Diagnostic BILAT (MAMC) Mammogram, RT Breast (MAMC) Mammogram, LT Breast (MAMC) Mammogram, Diagnostic Implants (BILAT) (MAMC) Mammogram, RT Implant (MAMC) Mammogram, LT Implant (MAMC)</p>	<p>PATIENT IDENTIFICATION</p>
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COMPLETED BY REFERRING CLINICIAN

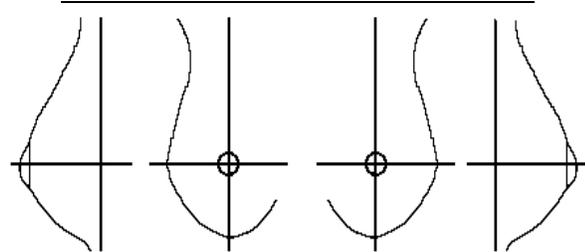
<p>PREVIOUS BREAST BIOPSY/SURGERY? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>DATE _____ FACILITY _____</p> <p>RESULTS _____</p> <p>PHYSICAL EXAM FINDINGS _____</p> <p>DOES YOUR PATIENT UNDERSTAND WRITTEN ENGLISH? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If NO, what language does your patient understand? _____</p> <p>HCP SIGNATURE _____</p>	<p style="text-align: center;"><u>APPROXIMATE LOCATION OF ABNORMALITY</u></p>  <p style="text-align: center;">RIGHT LEFT</p>
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COMPLETED BY PATIENT

IF YOUR LAST MAMMOGRAM WAS NOT DONE AT MADIGAN, PLEASE CALL (253) 968-3669 TO FIND OUT HOW TO HAVE YOUR FILMS SENT TO OUR FACILITY PRIOR TO YOUR MAMMOGRAM APPOINTMENT.

Name	Age	Sponsor's SSN	Date
Address (Street, City, State, ZIP)	Evening Phone	Day Phone	
	Are you currently enrolled in TRICARE? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Do you have other Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Last Mammogram (Mo/Yr)	Where		
Race <i>(Used to calculate risk)</i>	<input type="checkbox"/> Black <input type="checkbox"/> All Others	Age at First Period	Age at First Live Birth
Number of Pregnancies/ Number of Live Births		Are you Pregnant? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Last Menstrual Period (Mo/Yr)			
Menopause <input type="checkbox"/> Yes <input type="checkbox"/> No	Age Menopause Began	Are you Taking Hormones? <input type="checkbox"/> Yes <input type="checkbox"/> No	How Long?
Name of Hormones			
Breast Biopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No	# of Biopsies	Year	<input type="checkbox"/> Right <input type="checkbox"/> Left
Results (if known)		Do you have Breast Implants? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Family History of Breast Cancer and Age at Diagnosis		Number of Other Family Members with Breast or Ovarian Cancers	
<input type="checkbox"/> Mother - Age: ____ <input type="checkbox"/> Sister - Age: ____ <input type="checkbox"/> Daughter - Age: ____		Any Male Breast Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Have you had Breast Cancer? <input type="checkbox"/> Yes <input type="checkbox"/> No	Year	<input type="checkbox"/> Right <input type="checkbox"/> Left	If Yes, what Treatment did you receive? <input type="checkbox"/> Lumpectomy <input type="checkbox"/> Mastectomy <input type="checkbox"/> Chemotherapy <input type="checkbox"/> Radiation

COMPLETED BY TECHNOLOGIST

<p>TECHNOLOGIST _____</p> <p>COMMENTS _____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p style="text-align: center;"><u>APPROXIMATE LOCATION OF ABNORMALITY</u></p>  <p style="text-align: center;">RIGHT LEFT</p>
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GAIL RISK: 5 YR % Life % TYRER CUZICK: Life %

PRIVACY ACT STATEMENT

- AUTHORITY:** 10 U.S.C. 3013, Secretary of the Army; 10 U.S.C. 1071-1085, Medical and Dental Care; 50 U.S.C. Supplement IV, Appendix 454, as amended, Persons liable for training and service; 42 U.S.C. Chapter 117, Sections 11131-11152, Reporting of Information; 10 U.S.C. 1097a and 1097b TRICARE Prime and TRICARE Program; 10 U.S.C. 1079, Contracts for Medical Care for Spouses and Children; 10 U.S.C. 1079a, CHAMPUS; 10 U.S.C. 1086, Contracts for Health Benefits for Certain Members, Former Members, and Their Dependents; E.O. 9397 (SSN).
- PRINCIPAL PURPOSE:** Medical information will be used to ensure a successful mammogram and there is no hazard to your health.
- ROUTINE USES:** Information may be disclosed to:
- (1) The Department of Veterans Affairs to adjudicate veterans' claims and provide medical care to Army members.
 - (2) National Research Council, National Academy of Sciences, National Institutes of Health, Armed Forces Institute of Pathology, and similar institutions for authorized health research in the interest of the Federal Government and the public. When not essential for longitudinal studies, patient identification data shall be eliminated from records used for research studies. Facilities/activities releasing such records shall maintain a list of all such research organizations and an accounting disclosure of records released thereto.
 - (3) To local and state government and agencies for compliance with local laws and regulations governing control of communicable diseases, preventive medicine and safety, child abuse, and other public health and welfare programs.
 - (4) Third party payers per 10 U.S.C. 1095 as amended by Pub. L. 99-272, and guidance provided to the DoD health services by DoD Instruction 6015.23, for the purpose of collecting reasonable inpatient/outpatient hospital care costs incurred on behalf of retirees or dependents.
 - (5) To former DoD health care providers, who have been identified as being the subjects of potential reports to the National Practitioner Data Bank as a result of a payment having been made on their behalf by the U.S. Government in response to a malpractice claim or litigation, for purposes of providing the provider an opportunity, consistent with the requirements of DoD Instruction 6025.15 and Army Regulation 40-68, to provide any pertinent information and to comment on expert opinions, relating to the claim for which payment has been made.
 - (6) The DoD 'Blanket Routine Uses' set forth at the beginning of the Army's compilation of systems of records notices also apply to this system.
- DISCLOSURE:** Providing the information is voluntary; however, If you do not provide the information requested, the mammogram may be delayed to research your medical record to ensure there will be no interference with the mammogram and/or hazards to your health.
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