Radiology Associates
of the Fox Valley
333 N. Commercial Street, Suite 100
Neenah, WI 54956

Patient Information Form (PIF) for Breast Symptoms

The following patient information forms are used for patients undergoing imaging of the breast.

The first form, titled "Breast", is used for magnetic resonance imaging (MRI) examinations.

The second form, titled "Breast Ultrasound Worksheet", is used for breast ultrasound examination.

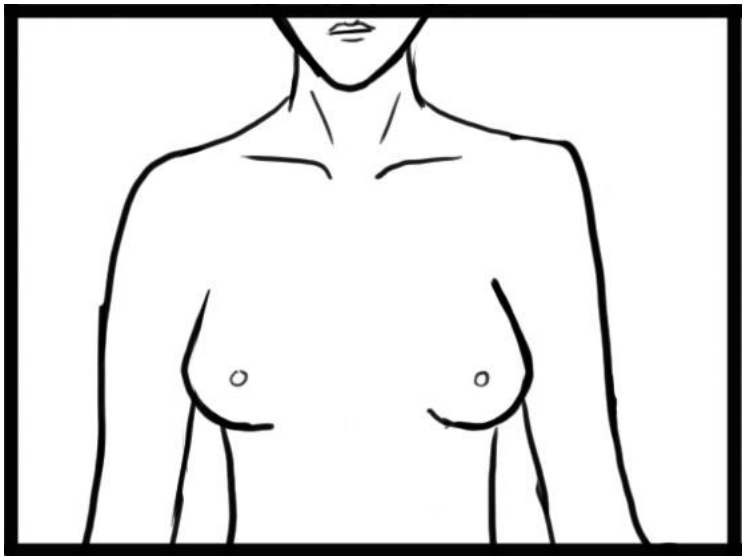
These patient information forms are also available individually at the company web page (www.foxvalleyradiology.com) under the "Protocols, Worksheets, & Templates" tab (as listed at the bottom of each form).

Patient Name: _____ Previous exam: _____
Date of birth: _____ Patient pregnant: YES NO
Medical Record #: _____ Patient breastfeeding: YES NO

Radiology Associates of the Fox Valley
333 N. Commercial Street, Neenah, WI

Breast

Please mark the location of any pain:



If this is not a screening study, how long have you had your symptoms?
Have you had prior breast surgery (including implants)? If so, please tell us the approximate date(s) and procedure(s):

Please put a check if you have or have had any of the following:	
	Breast pain.
	Breast lump or lumps. Where?
	Breast cysts.
	Nipple discharge. If yes, what color?
	Axillary (armpit) lumps.
	Family history of breast cancer.
	Family history of ovarian cancer.

Are you still having your period? YES NO If no, what year did they stop? _____
Have you ever been diagnosed with cancer? YES NO
If yes, what type? _____

FOR TECHNOLOGIST USE ONLY (Fluoro time: ____ sec)

Call result?	No Yes	If "Yes", provider name/number:
Known follow-up appointment?	No Yes	If "Yes" indicate date/time and provider:
For CT and MR studies		
Was IV contrast injected?	No Yes	If "Yes": _____ mL of _____ (contrast type)
Hydration protocol?	No Yes	If "Yes", provide details:
Patient premedicated for contrast?	No Yes	If "Yes", provide details:
Abnormal response to contrast?	No Yes	If "Yes", provide details:

Radiology Associates of the Fox Valley
333 N. Commercial Street, Neenah, WI

Patient Name: _____ Previous exam: _____
Date of birth: _____ Technologist: _____

BREAST ULTRASOUND WORKSHEET

CLINICAL INFORMATION (CIRCLE ALL THAT APPLY):

Breast pain, breast lump/mass, nipple discharge, galactorrhea (not associated with birth), nipple discharge, diffuse cystic mastopathy, abnormal mammogram, abnormal finding on another radiology exam of the breast.

OTHER CLINICAL INFORMATION OR SYMPTOMS:

_____

	Right	Left	Both
Newly Diagnosed Cancer			
Treated Breast Cancer (date, surgery, radiation)			
Breast biopsy (date, surgical or nonsurgical)			

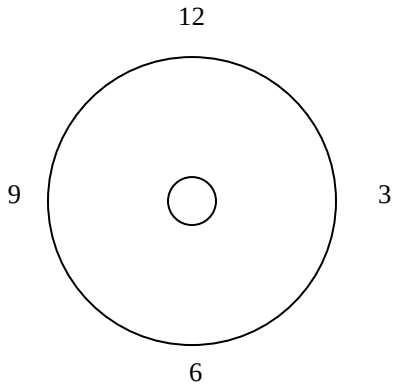
Technologist:_____ Previous Exam? No Yes:_____

Right Breast Lesion (s):

_____Cystic

_____Solid

Dimensions:
1._____
2._____
3._____

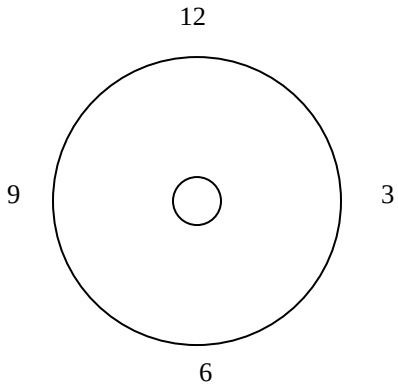


Left Breast Lesion (s):

_____Cystic

_____Solid

Dimensions:
1._____
2._____
3._____



(Please mark all scars on both breasts.)

☐ No solid or cystic lesions found

☐ No solid or cystic lesions found

Comments:_____

☐ Routine, no immediate call back necessary

☐ ***Call report to***:_____

Number or Pager: _____