

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

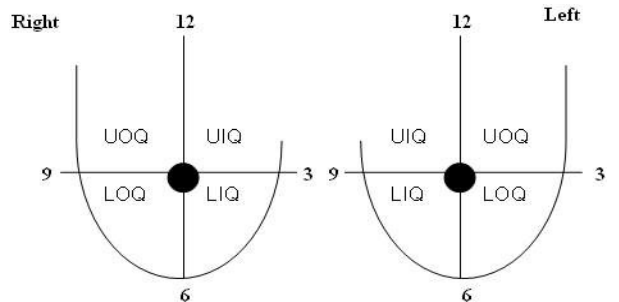
Previous imaging & date : _____

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 :

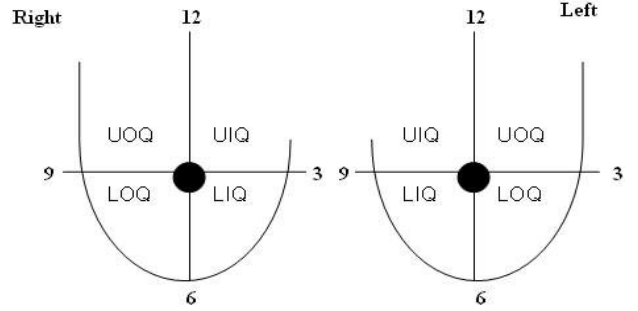


Signature & stamp of the Medical Officer/ Specialist

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
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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
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Recommendation :-

Signature & stamp of the Medical Officer/ Specialist