

Women's imagery

How old were you when you had your first period ? __ years

Have you ever had a mammogram ?

YES : month / year NO

Do you have children ?

YES How many ? __ Age of 1st pregnancy : __ years Number of pregnancies : __
 NO

Did you breastfeed ?

YES Approximate duration for each child: __ months __ months __ months __ months
 NO

Possible complications (abscess, mastitis, etc.) :

Are you menopausal ?

YES Since how old ? __ years NO Date of last period :

Hormonal treatment in progress ?

YES Which one : NO

Have you noticed any breast abnormality currently ?

YES Which one : NO

Have you ever had any breast problem (operation, biopsy, etc.) ?

YES Which one : NO

Family history of breast and / or ovarian cancer :

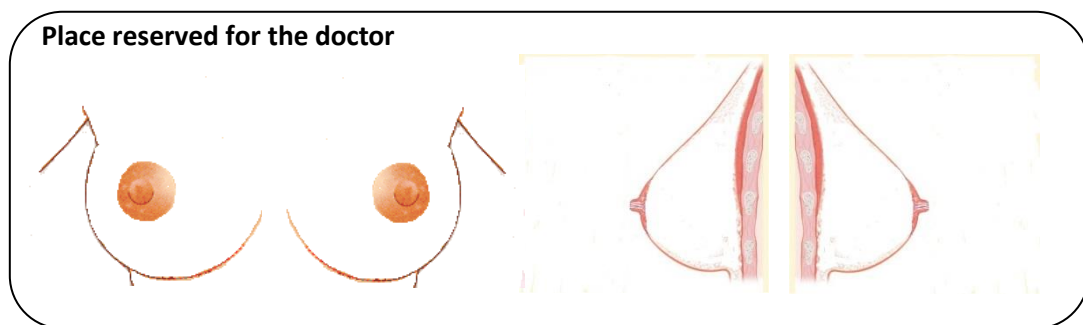
YES NO

If so, in whom and at what age : **maternal side** :

.....

paternal side :

.....



Name : First name : Age :

The medical reports as well as the images made in our center are transmitted to the prescribing physician and other healthcare professionals mentioned on the prescription. Frequently, specialist physicians, hospitals, **CHUV or HUG (university hospital of Geneva)** request the results of examinations and images made in our center.

By your signature :

- You agree that medical reports as well as images can be sent to doctors with whom you are under treatment in relation to the present exam, in accordance with the principle of proportionality.
- You agree that the **Imagerie La Chaux-de-Fonds SA** center may request old reports or images necessary for the diagnosis of the examinations performed in our premises, in accordance with the principle of proportionality.

Date :

Signature :