

PATIENT SCREENING QUESTIONNAIRE
FOR ULTRASOUND BREAST BIOPSIES

Patient Name _____ Referring MD _____
Age _____ MD's phone # _____
Weight _____
Phone # _____

Medications

Currently taking _____

Arthritis or pain medications? (Aspirin, Ibuprofen, Aleve, Naprin, Advil or Motrin, Celebrex, Vioxx etc.) _____

Currently on any blood thinners? (Aspirin, Coumadin, Heparin, Plavix, etc.) _____

Does the patient suffer from asthma? Yes _____ No _____
If yes, please bring nasal or mouth spray to procedure

Has the patient undergone any chemotherapy in the last 3 mos? Yes _____ No _____

Can the patient be supine for more than 25 minutes? Yes _____ No _____

Does the patient have any significant shoulder, back or neck pain? Yes _____ No _____

Does the patient have any allergies? Yes _____ No _____
If yes, to what? _____

Has the patient breast fed for the last 3 months or is she currently breast feeding? Yes _____ No _____

Does the patient suffer from high blood pressure? Yes _____ No _____
If yes, does the patient take medication? Yes _____ No _____
If yes, is it usually controlled with it? Yes _____ No _____

Comments _____

Filled out by: _____