



Hackensack
Meridian Health
Mountainside
Medical Center

1 Bay Avenue, Montclair, NJ 07042
Phone # 973-429-6120

BIOPSY QUESTIONNAIRE

Stereotactic

Ultrasound

Name: _____

Home phone # _____

Cell phone # _____

Height: _____

Weight: _____

Ordering Doctor: _____

Performing Doctor: _____

No Yes 1.) Have you ever had previous **breast biopsy**?

No Yes 1. Are you taking anticoagulants (blood thinners), such as Coumadin (Warfarin) pills, Plavix pills, or Lovenox (Heparin) shots?

No Yes 2. Arthritis or pain medications (Aspirin, Ibuprofen, Aleve, Naproxyn Advil or Motrin, Celebrex, Vioxx, Excedrin etc.)

No Yes 4. Do you have any allergies?
If yes, to what _____

No Yes 5. Have you had previous **breast surgery**?
Breast Reduction Lumpectomy other
Mastectomy Implants

No Yes 6. Do you have a personal history of breast cancer?

No Yes 7. Family history of breast cancer?
Relative:

Patient Signature: _____

Date: _____

Technologist(s): _____