

Mammography Screening

乳房造影筛选检查

Chinese

What is the REASON you are having a breast imaging exam?

您为何要做此乳房造影筛选检查?

(please select one)请选一项

- This is a routine (screening) exam. I am not having breast problems.
此为定期检查(筛选)我并无乳房疾病。
- I am having breast problems: _____
我有乳房的疾病
- This is additional exam requested from a recent study.
此为近期检查后需要做的更进一步检查。
- This is a short interval follow-up request from my last exam (1-11 months ago).
此为前次(1至11个月前)检查后短期的跟进检查
- I have breast implants, but I am not having any problems.
我曾隆胸、但并无任何乳房疾病。
- This is a review of an outside study.
此为审核别处的检查。
- I am going to have breast reduction.
我将做乳房缩小术。
- I am going to have radiation therapy.
我将做放疗。
- This is an additional exam requested from my current screening exam.
此为我近期筛选检查后额外需做的检查。
- I have a history of benign breast disease.
我有良性乳房疾病史
- I have a personal history of breast cancer with breast conservation therapy.
我有乳癌的病史、曾接受保留乳房的治疗。

Check all of the following RISK FACTORS that are true for you:

请勾选与您相符的各项风险因素:

- No one in my family has had breast cancer
我家族里无乳癌的病历。
- My aunt, grandmother, or cousin had breast cancer
我的阿姨、祖母或表/堂妹有乳癌。
- My mother or sister had breast cancer after their periods stopped
我的母亲或姐妹在更年期后得了乳癌。
- My mother or sister had breast cancer while they were still having their periods
我的母亲或姐妹在更年期前得了乳癌。
- I do not know my family breast cancer history
我不知悉我家族的乳癌史。
- I have had breast cancer I have had endometrial cancer
我曾得过乳癌 我曾得过子宫内膜癌

Previous Mammograms? Yes 有 No 无

过去有无做过乳房造影?

When 何时: _____

Where 何处: _____

Do you have Implants?

您有隆乳吗?

(If yes, circle L for Left or R for Right)

(如有、请圈选左边或右边)

左 右

L R I don't know the specific type
我不知道具体的类型

L R Silicone gel implant
曾经植入硅凝胶

L R Saline implant
盐水植入

L R Combination implant
组合类型植入

L R Pre-pectoral implant
前胸肌皮下植入

L R Retro-pectoral implant
后胸肌植入

Previous PROCEDURES? Yes 有 No 无

曾做过手术/程序吗?

(Circle L for Left or R for Right)

(如有、请圈选左边或右边)

左 右

L R Cyst aspiration
囊肿抽取术

L R Needle biopsy
针抽取活检

L R Excisional biopsy
切除式活检

L R Lumpectomy for cancer
乳房癌肿瘤切除术

L R Mastectomy
乳房切除术

L R Radiation therapy
放射线治疗

L R Breast reduction
乳房缩小术

PLACE PATIENT LABEL HERE

UW Medicine

Harborview Medical Center – University of Washington Medical Center

UW Neighborhood Clinics – Valley Medical Center

University of Washington Physicians Seattle, Washington

MAMMOGRAPHY SCREENING - CH

Page 1 of 2



U3047

UH3047CH REV JAN 20

I have had a previous breast biopsy that showed a high risk lesion

我曾做过乳房活检、显示有高风险病变。

L R Implant removed

隆乳物体取除术

I have been through menopause

我已过了更年期。

Have you ever received chemotherapy for any type of cancer? 您曾因任何癌症接受化疗吗?

Yes 有 No 无

I have never had children I had my first child after age 30

我没生过小孩

我在 30 岁后生第一个小孩

If you ever used any of the following Hormones, please enter 如您曾经服用过下列荷尔蒙请列出:

	Age First Used 初用时的年龄	Duration of Use 为期多久	Age at Last Use 停止服用时的年龄	Currently Using 目前服用吗
Hormonal Contraceptives 荷尔蒙避孕药	_____	_____	_____	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 无
Estrogen 雌激素	_____	_____	_____	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 无
Progesterone 黄体酮[激素]	_____	_____	_____	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 无
Tamoxifen 三苯氧胺	_____	_____	_____	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 无
Other 其他: _____	_____	_____	_____	<input type="checkbox"/> Yes 有 <input type="checkbox"/> No 无

Enter your Menstrual History:

请输入您经期的历史:

Age when periods started: _____

月经开始时的年龄

Age at first full term pregnancy: _____

第一次足月妊娠的年龄

Age at natural menopause: _____

自然停经时的年龄

Age at hysterectomy: _____

子宫切除时的年龄

Age at right ovary removal: _____

右卵巢切除时的年龄

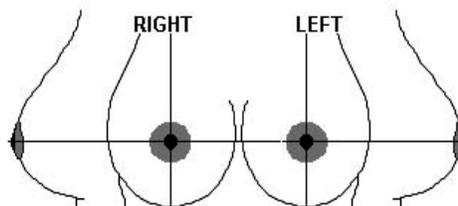
Age at left ovary removal: _____

左卵巢切除时的年龄

Number of live births: _____

生下活婴的数目:

PATIENT SIGNATURE 病人签名	DATE 日期	TIME 时间
TECHNOLOGIST SIGNATURE 技师签名	DATE 日期	TIME 时间



Skin condition:

Skin condition:

Technologists Notes:

Equipment cleaned and disinfected Yes No

Chinese Translation by UWMC Interpreter Services

PLACE PATIENT LABEL HERE

UW Medicine

Harborview Medical Center – University of Washington Medical Center

UW Neighborhood Clinics – Valley Medical Center

University of Washington Physicians Seattle, Washington

MAMMOGRAPHY SCREENING - CH

Page 2 of 2



U3047

UH3047CH REV JAN 20