



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): \_\_\_\_\_