Centre intégré
de santé
et de services sociaux
de la Montérégie-Ouest
Québec

Dossier : _____

Nom, prénom : _____

Date de naissance : _____ ☐ F ☐ M
aaaa/mm/jj

NAM : _____ Exp. _____
aaaa/mm

Nom, prénom de la mère : _____

Installation : _____

PRE-BREAST BIOPSY QUESTIONNAIRE
MEDICAL IMAGING

ALLERGIES

Are you allergic to any medications?

☐ Yes ☐ No

If yes, which ones? _____

_____

Are you allergic to chlorexidine (product used to disinfect the biopsy site)?

☐ Yes ☐ No

If yes, are you allergic to iodine?

☐ Yes ☐ No

Are you allergic to lidocaine (drug used for local anesthesia, like at the dentist)?

☐ Yes ☐ No

If yes, how did you react? _____

_____

ANTICOAGULANTS

Do you take anticoagulants (blood thinners) on a regular basis?

☐ Yes ☐ No

If yes, which ones? _____

_____

What dosage? _____ When did you take your last dose? _____

BREAST IMPLANTS

Do you have breast implants?

☐ Yes ☐ No ☐ Left breast ☐ Right breast

ANALYSIS/FOLLOW-UP BY THE TECHNICIAN

_____

_____

_____

_____

Signature of technician: _____ Date: yyyy/mm/dd