

## Questionnaire Breast Biopsy

Would you please hand this form to the assistant before the examination.

|                 |          |       |     |
|-----------------|----------|-------|-----|
| Name of patient |          |       |     |
| Date of birth.  | Room No. | Phone | MTD |

|                                                                                                         |                              |                             |
|---------------------------------------------------------------------------------------------------------|------------------------------|-----------------------------|
| Do you have a blood coagulation disorder?                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you taking any anticoagulant (blood-diluting) drugs?<br>(such as Marcoumar or Aspirin, for example) | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have any allergies?                                                                              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you tend to develop excessive scarring (keloids)?                                                    | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a tendency to collapse or do you suffer from large variations in blood pressure?            | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you a diabetic?                                                                                     | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Do you have a hepatitis or HIV infection?                                                               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |
| Are you pregnant?                                                                                       | Yes <input type="checkbox"/> | No <input type="checkbox"/> |

### Note

- The local anaesthetic may affect your reactions and ability to cope with traffic. You should not drive a car or work on dangerous machines for the following 24 hours.
- Please do not prematurely remove the dressing applied and avoid washing the wound for at least 3 days.
- If secondary bleeding or other complications occur, seek medical advice immediately.

The result of the examination will be available about 1 week after the biopsy. **Please go to see the doctor who referred you for this examination, without fail, not more than 14 days after the biopsy has been performed, to discuss the findings.** This is necessary in your own interests, so that appropriate treatment can be started quickly if necessary.

I confirm that I have read and understood the text and that I have answered the questions to the best of my knowledge. I consent to the conduct of the proposed examination. My questions have been adequately answered during a personal conversation.

|           |                                                      |                                |
|-----------|------------------------------------------------------|--------------------------------|
| Date/Time | Patient's signature<br>or legal guardian's signature | Physician's name and signature |
|-----------|------------------------------------------------------|--------------------------------|

### Medical comments on the consulting informing the patient

The patient consents to the examination ☐ Yes ☐ No  
 After having been informed about the different biopsy methods, the patient decided in favour of  
☐ punch biopsy ☐ vacuum-assisted breast biopsy

If the examination is refused, the patient was informed about the possible disadvantages that might ensue.