



## 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? (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 or legal guardian's signature	Physician's name and signature
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### 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.