

Breast History

Patient Name: _____ Date of Birth: _____ Today's Date: _____

The following information helps us evaluate your risk for developing breast cancer. Please complete as many of the questions as possible. It is certainly acceptable to give approximate dates, ages, etc. If additional space is needed you may use the back of the form or ask us for a blank sheet of paper.

Please circle your racial background(s): White Black Asian Hispanic Native American

Age at first menstrual period: _____

Age at last menstrual period: _____

If still having periods, date of last menstrual period: _____

If you have had a hysterectomy, were your ovaries also removed? _____

Number of pregnancies: _____

Age at first delivery: _____

Number of deliveries: _____

If you breast fed, approximate length of time you did so: _____

Have you used birth control pills? _____ If so, please give approximate ages during use.

Have you been on any hormone replacement therapy? _____ If so, please give name and doses of medication and the approximate duration of treatment. _____

Do you have a family history of breast or ovarian cancer? _____ If so, please give the person's age at time of detection and their relationship to you. _____

Have you ever had breast or ovarian cancer? _____

Have you ever received radiation therapy to your chest area? _____

Have you ever had a breast biopsy? _____ If so, please list when, where and the name of the doctor who performed the biopsy. _____

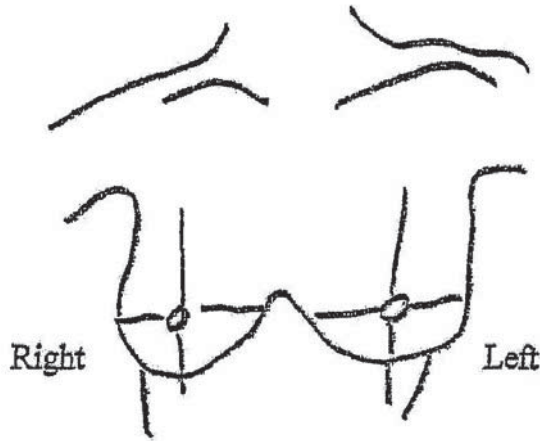
Please list the results of the biopsy and give us a copy, if you have one. _____

Have you ever had any other breast surgery? _____ If so, please list when, where, and what procedure was performed. _____

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Do you/ your doctor/ both you and your doctor feel a lump in your breast? _____

If yes, please circle above who feels the lump, and also indicate below the location of the lump(s).



Have you had any nipple discharge? _____

Have you experienced any new/unusual breast pain? _____

Have you had a recent mammogram? _____ If so, when and where: _____

Have you had mammograms in the past? _____ If so, when and where: _____

Have you ever been told you had an abnormal mammogram? _____ If so, when and where was it done, and what recommendations did you receive? _____

Have you had breast ultrasounds performed? _____ If so, when and where: _____

Have you ever been told you had an abnormal ultrasound of the breast? _____ If so, when and where was it done, and what recommendations did you receive? _____