

Breast Exam Questionnaire

PATIENT NAME: _____ DATE OF BIRTH: _____ DATE: _____

PLEASE FILL IN AND CIRCLE YOUR ANSWERS.

- REFERRING PHYSICIAN: _____

- REASON FOR TODAY'S VISIT? _____

- DATE OF YOUR LAST BREAST EXAM: _____

HAVE YOU EVER HAD A MAMMOGRAM? **YES / NO**

*IF YES, WHEN AND WHERE? _____

- ARE YOU TAKING ANY FEMALE HORMONES OR BIRTH CONTROL PILLS AT THIS TIME? **YES / NO**

*IF YES, WHAT KIND? _____ HOW LONG? _____

- IS IT POSSIBLE YOU ARE PREGNANT NOW? **YES / NO**

- BRA SIZE _____

- HOW OLD WERE YOU WHEN YOU STARTED YOUR PERIOD? _____

- NUMBER OF PREGNANCIES: _____

- YOUR AGE AT YOUR FIRST LIVE BIRTH _____

- DID YOU BREAST FEED? **YES / NO** -FOR HOW LONG? _____

- NUMBER OF: DAUGHTERS _____, SISTERS _____, MATERNAL AUNTS _____, PATERNAL AUNTS _____

- ARE YOU () PRE-MENOPAUSAL, () PERI-MENOPAUSAL, () POST-MENOPAUSAL AGE OF ONSET? _____

- HAVE YOU HAD A HYSTERECTOMY? **YES / NO** -DID YOU HAVE YOUR OVARIES REMOVED? **YES / NO**

-HAVE YOU EVER BEEN DIAGNOSED WITH BREAST CANCER? **YES / NO**

*IF YES, WHO TREATED YOUR CANCER? _____

*DID YOU RECEIVE: - CHEMOTHERAPY? YES / NO - RADIATION? YES / NO

- HAVE YOU EVER HAD ANY TYPE OF BREAST SURGERY? **YES / NO**

LEFT / RIGHT BREAST BIOPSY? DATE: _____

LEFT / RIGHT BREAST SURGERY? DATE: _____

LEFT / RIGHT BREAST CYST ASPIRATION? DATE: _____

*IF YOU HAVE BREAST IMPLANTS, DO YOU KNOW WHAT TYPE? **SILICONE / SALINE**

FAMILY HISTORY:

DO YOU HAVE ANY BLOOD RELATIVES THAT HAVE BEEN DIAGNOSED WITH BREAST CANCER? **YES / NO**

DO YOU HAVE ANY BLOOD RELATIVES THAT HAVE BEEN DIAGNOSED WITH OVARIAN CANCER? **YES / NO**

*IF YES, WHO AND HOW OLD WERE THEY WHEN DIAGNOSED?

() MOTHER AGE? _____ () GRANDMOTHER MATERNAL / PATERNAL AGE? _____

() FATHER AGE? _____ () AUNT MATERNAL / PATERNAL AGE? _____

() SISTER / BROTHER AGE? _____ () COUSIN MATERNAL / PATERNAL AGE? _____

() DAUGHTER AGE? _____ () NIECE MATERNAL / PATERNAL AGE? _____

HOW DID YOU HEAR ABOUT DR. GORMAN?

REFERRING DOCTOR, FRIEND, FAMILY MEMBER, FACEBOOK, WEBSITE, NEWSPAPER, MAGAZINE, OTHER _____