

BREAST EXAM QUESTIONNAIRE

NAME: _____ DATE OF BIRTH: _____ DATE: _____

REFERRING PHYSICIAN: _____

REASON FOR TODAY'S VISIT? _____

IS THERE A POSSIBILITY OF PREGNANCY NOW? Y / N

ARE YOU TAKING FEMALE HORMONES OR BIRTH CONTROL PILLS A THIS TIME? Y / N

IF YES, WHAT KIND? _____ HOW LONG? _____

CHILDBIRTH HISTORY

NUMBER OF PREGNANCIES _____

AGE AT FIRST PREGNANCY _____

DID YOU BREAST FEED? Y / N

HAVE YOU HAD A HYSTERECTOMY? Y / N

DATE OF LAST BREAST EXAM BY A PHYSICIAN? _____

HAVE YOU HAD A MAMMOGRAM? Y / N

IF YES, WHEN AND WHERE? _____

MENSTRUAL HISTORY

AGE OF ONSET? _____

LAST PERIOD? _____

HAVE YOU HAD OVARIES REMOVED? Y / N

HAVE YOU EVER BEEN DIAGNOSED WITH BREAST CANCER? Y / N

HAVE YOU EVER HAD BREAST SURGERY? Y / N

L/R BREAST SURGERY DATE: _____

L/R BREAST CYST DATE: _____

L/R BREAST BIOPSY DATE: _____

FAMILY HISTORY: HAS ANY BLOOD RELATIVE HAD BREAST CANCER? Y / N

IF YES, WHO AND AGE DIAGNOSED?

() MOTHER

() SIBLING

() DAUGHTER

() FATHER

() GRANDMOTHER MATERNAL/PATERNAL

() AUNT MATERNAL/PATERNAL

() COUSIN MATERNAL/PATERNAL

() NIECE MATERNAL/PATERNAL