

BREAST HEALTH QUESTIONNAIRE

I am here for:

- | | | |
|---|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Routine Breast Follow-up | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |
| <input type="checkbox"/> Abnormal Mammogram | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |
| <input type="checkbox"/> Lump/Mass | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |

- | | | |
|---|------------------------------|-----------------------------|
| Do you perform monthly self breast exams? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have breast pain? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Do you have breast drainage? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Previous breast surgeries:

- | | | |
|--|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Biopsy | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |
| <input type="checkbox"/> Lumpectomy | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |
| <input type="checkbox"/> Mastectomy | <input type="checkbox"/> Left Breast | <input type="checkbox"/> Right Breast |
| <input type="checkbox"/> Breast Implants | | |

Other _____

Number of pregnancies: _____

How many male children? _____ ages _____

How many female children? _____ ages _____

Did you breast feed? yes no

Age at 1st pregnancy _____

Age at 1st period _____

Do you have a monthly menstrual cycle? yes no

Age at menopause _____

Have you ever had a mammogram yes no

Dates of last two mammograms _____

Where did you have your last mammogram?

- HMC/Hamilton Diagnostics
- Dalton Imaging
- Other _____

Have you ever taken hormones? yes no how long? _____ currently? _____

Have you ever taken birth control pills? yes no how long? _____ currently? _____

Do you have your ovaries? yes no

Current bra size _____

Family History of Breast Cancer:

No family history

Mother Age at diagnosis _____ Age today _____

Sister Age at diagnosis _____ Age today _____

Daughter Age at diagnosis _____ Age today _____

Grandmother Age at diagnosis _____ Age today _____ Maternal Paternal

Aunt Age at diagnosis _____ Age today _____ Maternal Paternal

Patient Signature: _____ Date: _____