Advanced Imaging Centers | Ocala Health

BREAST HISTORY QUESTIONNAIRE

Name: _____ **Date of Birth** _____

Referring Doctor: _____

Tech Use ONLY: _____

PLEASE CIRCLE YES OR NO TO EACH QUESTION

Have **YOU** had previous mammograms**?**	**Yes**	**No**	
Where? _____ When? _____			
Have **YOU** given birth?	**Yes**	**No**	
YOUR age when first child was born: _____			
What was **YOUR** age at first menstrual period? _____			
Have **YOUR** menstrual periods stopped?	**Yes**	**No**	
What age did **YOUR** menstrual period stop? _____			
Had a Hysterectomy?	**Yes**	**No**	If yes, at age _____
Ovaries removed?	**Yes**	**No**	If yes, at age _____
Are you taking hormones **NOW**?	**Yes**	**No**	For how long? _____
Have you taken hormones in the **PAST?**	**Yes**	**No**	For how long? _____
Have you had chest radiation for Hodgkins lymphoma?	**Yes**	**No**	
Have **YOU** had ovarian cancer or colon cancer?	**Yes**	**No**	Age at diagnosis: _____

FOR PATIENTS WHO HAVE HAD BREAST CANCER:

Have **YOU** had breast surgery for **CANCER?**			**Yes**	**No**
• Needle Biopsy (Cancer)	Left Date: _____	Right Date: _____		
• Lumpectomy (Cancer)	Left Date: _____	Right Date: _____		
• Mastectomy (Cancer)	Left Date: _____	Right Date: _____		

Have **YOU** had breast surgery that was **NOT** for cancer?			**Yes**	**No**
• Needle Biopsy	Left Date: _____	Right Date: _____		
• Surgical Biopsy	Left Date: _____	Right Date: _____		
• Lumpectomy	Left Date: _____	Right Date: _____		
• Breast Reduction	Left Date: _____	Right Date: _____		
• Breast Implants	Left Date: _____	Right Date: _____		

***Please Circle if the following RELATIVES have had Breast, Ovarian, Colon Cancer:**

• **Mother:**	Breast	Ovarian	Colon	Age at diagnosis:_____
• **Sister:**	Breast	Ovarian	Colon	Age at diagnosis:_____
• **Daughter:**	Breast	Ovarian	Colon	Age at diagnosis:_____
• **Father:**	Breast	→	Colon	Age at diagnosis:_____

Patient Signature: _____ **Date**: _____

By signing above, I am confirming that my past medical history has been documented correctly and I agree with the information documented.