

BREAST HISTORY QUESTIONNAIRE

lame:		_ Date of Birt	th	
Referring Doctor:				
ech Use ONLY:				
PLE	ASE CIRCLE <u>YES</u> OR	NO TO EACH (QUEST	ION
Have <u>YOU</u> had previous mamme Where?	_	Yes	No	/
Have <u>YOU</u> given birth? <u>YOUR</u> age when first ch	ld was born:	Yes	No	
What was YOUR age at first me Have YOUR menstrual periods s What age did YOUR men	stopped?	Yes	No	For Tech Use Only
In a Hysterectomy? Ovaries removed?	istruar period stop:	Yes Yes	No No	If yes, at age
Are you taking hormones NOW Yave you taken hormones in the		Yes Yes	No No	For how long?
Iave you had chest radiation for		Yes	No	<i>C</i>
lave YOU had ovarian cancer o	r colon cancer?	Yes	No	Age at diagnosis:
Have YOU had ovarian cancer o			No	Age at diagnosis:
lave <u>YOU</u> had ovarian cancer o	AD BREAST CANCER			Age at diagnosis:
Have <u>YOU</u> had ovarian cancer of the PATIENTS WHO HAVE Held I we YOU had breast surgery for O	AD BREAST CANCER CANCER?	<u>:</u> Yes	No	
Iave <u>YOU</u> had ovarian cancer of the control of the	AD BREAST CANCER SANCER? Left Date:	<u>:</u> Yes _ Right Date: _	No	_
A A Section of the Articles of	AD BREAST CANCER CANCER? Left Date: Left Date:	<u>:</u> Yes Right Date: _ Right Date: _	No	
Tor Patients who have Have YOU had breast surgery for One of the Needle Biopsy (Cancer) • Lumpectomy (Cancer) • Mastectomy (Cancer) Idve YOU had breast surgery that we would have YOU had breast surgery that we would have you was a surgery that we was a surgery that we was a surgery that we would have you was a surgery that we would have you was a surgery that we was a surgery than the was a surgery that we was a surgery than the was a surgery that we was a surgery that we was a surgery than the was a surgery that we was a surgery to was a surgery that we was a surgery to was a surgery	AD BREAST CANCER CANCER? Left Date: Left Date: Left Date: Left Date:	Yes _ Right Date: Right Date: _ Right Date: _ Yes	No No	
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Iave YOU had ovarian cancer of COR PATIENTS WHO HAVE Have YOU had breast surgery for Concery • Needle Biopsy (Cancer) • Lumpectomy (Cancer) • Mastectomy (Cancer) Iave YOU had breast surgery that wo • Needle Biopsy • Surgical Biopsy • Lumpectomy • Breast Reduction • Breast Implants Please Circle if the following I • Mother: Breast Breast Implants	AD BREAST CANCER CANCER? Left Date: Left Date: Left Date: was NOT for cancer? Left Date:	Yes Right Date: _ Right Date: _ Right Date: _ Right Date: _ Yes Right Date: _	No No an, Col	
Iave YOU had ovarian cancer of COR PATIENTS WHO HAVE Have YOU had breast surgery for Concer Needle Biopsy (Cancer) Iave YOU had breast surgery that we have the Needle Biopsy Needle Biopsy Surgical Biopsy Lumpectomy Breast Reduction Breast Implants Please Circle if the following December 1985	AD BREAST CANCER CANCER? Left Date:	Yes Right Date: _ Right Date: _ Right Date: _ Right Date: _ Yes Right Date: _	No No Age a	on Cancer: at diagnosis:
Inve YOU had ovarian cancer of the YOU had breast surgery for One of the YOU had breast surgery for One of the YOU had breast surgery (Cancer) Inve YOU had breast surgery that the Needle Biopsy Inve YOU had breast surgery that the Needle Biopsy Inve YOU had breast surgery that the Needle Biopsy Inve YOU had breast surgery that the Needle Biopsy Investigated B	AD BREAST CANCER CANCER? Left Date:	Yes Right Date: _ Right Date: _ Right Date: _ Right Date: _ Yes Right Date: _ Colon	No No Age a Age a	on Cancer:

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