

BREAST HISTORY QUESTIONNAIRE

Name: _____ Date of Birth _____

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**

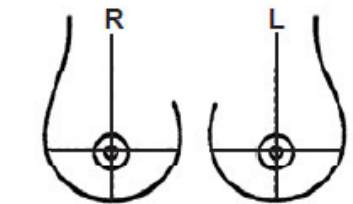
Ovaries removed? **Yes** **No**

Are you taking hormones **NOW**? **Yes** **No**

Have you taken hormones in the **PAST**? **Yes** **No**

Have you had chest radiation for Hodgkins lymphoma? **Yes** **No**

Have **YOU** had ovarian cancer or colon cancer? **Yes** **No**



If yes, at age _____

If yes, at age _____

For how long? _____

For how long? _____

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.

TECH USE ONLY:

PLEASE CIRCLE: (Kandi Kelsey Kelly G Peggy Laura Kelly M) **Dept. Phone # 352-690-8438**