

Name \_\_\_\_\_ Date \_\_\_\_\_ Physician \_\_\_\_\_

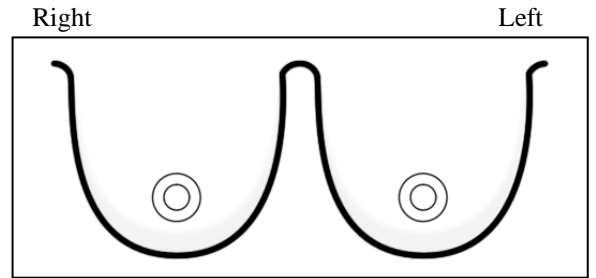
Age \_\_\_ DOB \_\_\_\_\_ Daytime Phone \_\_\_\_\_ Previous Mammo Location \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip Code

\_\_\_ Baseline \_\_\_ Screening \_\_\_ Symptomatic \_\_\_ Additional views \_\_\_ Short-term follow-up Tech \_\_\_\_\_ MR # \_\_\_\_\_

**Do you Currently have:**

	<u>Right</u>	<u>Left</u>
A Palpable Abnormality	_____	_____
Breast Pain	_____	_____
Nipple Discharge	_____	_____
Nipple Inversion	_____	_____



**Previous Breast Surgery**

	<u>RT</u>	<u>LT</u>	<u>Date</u>	
Breast Biopsy	_____	_____	_____	Pathology _____
Mastectomy	_____	_____	_____	Radiation Therapy? Y N
Lumpectomy (for Breast CA)	_____	_____	_____	Chemotherapy? Y N
				Hormone Therapy? Y N (ex. Tamoxifen)
Breast Reduction				
Breast Implants	___ Saline ___	___ Silicone ___	Year they were placed? _____	

	<u>Yes</u>	<u>No</u>			
Hysterectomy	_____	_____			
Ovaries Removed	_____	_____			
Taking Hormones	_____	_____	Estrogen _____	Progesterone _____	Other _____

Age at first full Pregnancy \_\_\_\_\_ Age at menstrual onset \_\_\_\_\_ Age at menopause \_\_\_\_\_

**Check if you or your family meets any of the following criteria:**

(family history includes: parents, siblings, children, grandparents, aunts, uncles, great aunts, great uncles and first cousins)

	<u>You</u>	<u>Family</u>
Breast cancer diagnosed <u>before</u> age 50	_____	_____
Ovarian cancer at any age	_____	_____
Male Breast Cancer at any age	_____	_____
Breast cancer <u>after</u> age 50	_____	_____
Atypical results from a breast biopsy	_____	_____
Radiation treatment to the chest between ages of 10 and 30 for Hodgkin's Disease	_____	_____
Ashkenazi Jewish heritage	_____	_____

Have you had a Breast Cancer Risk Assessment Consultation previously? No \_\_\_ Yes \_\_\_ Location? \_\_\_\_\_