PATIENT INFORMATION FORM

Today's date: __ __/__ __/__ __ __ __ (month/day/year)
Date of birth: __ __/__ __/__ __ __ __ (month/day/year)

(Consent)

1. Have you had any of the following breast changes in the last 3 months? *(check all that apply)*

	Both	Left	Right
Lump	☐	☐	☐
Nipple discharge	☐	☐	☐
Pain	☐	☐	☐
Other, describe:_____	☐	☐	☐

No changes ☐

2. What is the <u>main</u> reason for your visit today? (*check one*)
☐ Routine screening
☐ Follow-up to routine screening exam
☐ Concerns about breast problems

3. When was your last mammogram?
Date: __ __ / __ __ __ __ (month/year)
☐ I never had a mammogram

4. Has a health care provider examined your breasts in the last 3 months?
☐ No ☐ Yes ☐ Not sure

5. Have you ever been diagnosed with breast cancer?
☐ No
☐ Left breast ☐ Right breast ☐ Both breasts

6. Have you had any of the following breast procedures? *(check all that apply)*

	Left	Right	Both
Fine needle or cyst aspiration	☐	☐	☐
Biopsy	☐	☐	☐
Lumpectomy (for breast cancer)	☐	☐	☐
Mastectomy	☐	☐	☐
Radiation therapy	☐	☐	☐
Breast reconstruction	☐	☐	☐
Breast reduction	☐	☐	☐
Breast implants (still present)	☐	☐	☐

I have not had any of the above procedures ☐

7. Have any blood relatives been diagnosed with breast cancer?
Mother: ☐ No ☐ Yes ☐ Not sure
Sister: ☐ No ☐ One ☐ 2 or more ☐ Not sure
Daughter ☐ No ☐ One ☐ 2 or more ☐ Not sure

IF YES: Were any diagnosed before age 50?
☐ No ☐ One ☐ 2 or more ☐ Not sure

8. Are you currently taking any of the following hormone medications? *(check all that apply)*
☐ Hormone replacement therapy (e.g. Premarin)
☐ Tamoxifen (Nolvadex)/Raloxifene (Evista)
☐ Hormones for birth control
☐ Other hormone: _____
☐ I am not currently taking hormone medication

9. Have your menstrual periods stopped permanently? *(check one)*
☐ No
☐ Yes, natural menopause
☐ Yes, surgical procedure
☐ Yes, other reason
☐ Not sure

IF YES, age at last period: __ __ years old

10. Have you ever given birth?
☐ No ☐ Yes

IF YES: How old were you when your <u>first</u> child was born? __ __ years old

11. What is your current height? __ feet __ __ inches

12. What is your current weight? __ __ __ pounds

13. Are you of Hispanic, Spanish, or Latino origin?
☐ No ☐ Yes

14. What is your racial or ethnic background? *(check all that apply)*
☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Other, describe: _____

15. What is the highest level of education you have completed? *(check one)*
☐ Less than high school graduate
☐ High school graduate or GED
☐ Some college or technical school
☐ College or post-college graduate

Thank you for taking time to complete this questionnaire.