

Today's Date (mm/dd/yyyy)

SSN

/ / 2 0 0

MR#

Last Name

First Name

MI

Street Address

City

State

Zip

Birth Date (mm/dd/yyyy)

/ / 1 9

Phone: (____) - _____ - _____

Female

Male

Physician: _____

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

Both Left Right

Lump

Nipple Discharge

Pain

Other, describe _____

No Changes

2. What is the main reason for your visit today?(mark one)

- Routine screening
- Follow-up to routine screening exam
- Concerns about breast problems

3. When was your last mammogram?

Date / Location: _____
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?

(mark all that apply)

Both Left Right

Fine needle or cyst aspiration

Biopsy

Lumpectomy(for breast cancer)

Mastectomy

Radiation therapy

Breast reconstruction

Breast reduction

Breast implant (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? (mark all that apply)

- Hormone replacement therapy(estrogen, Premarin)
- Tamoxifen(Nolvadex)/Raloxifen(Evista)
- Hormones for birth control
- Other hormone: _____
- I am not currently taking hormone medication

9. Have your menstrual periods stopped permanently? (mark one)

- Yes, natural menopause
- Yes, surgery(uterus or ovaries removed) } If YES, age when periods stopped years old
- Yes, other reason
- No
- Not sure

If NO or NOT SURE, when was the first day of your last period? (mm/dd/yyyy) / /

10. Have you ever given birth? No Yes

IF YES, how old were you when your first 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? (mark all that apply)

- White
- Black or African American
- American Indian or Alaska Native
- Asian
- Native Hawaiian or other Pacific Islander
- Other, describe: _____

15. What is the highest level of education you have completed?(mark one)

- Less than high school graduate
- High school graduate or GED
- Some college or technical school
- College or post-college graduate