

Patient Name

Date of Birth

Ordering Physician

Last Menstrual Cycle

Date of Last Physical Breast Exam

Today's Date

Age of first Live Pregnancy _____

Age of first Menstrual Period _____

Please Circle Appropriate Answer:

1. Have you ever had a mammogram Yes No
If yes where? _____ When? _____

2. Do you have a first-degree relative(s) that have been diagnosed with Breast cancer?

Age at Diagnosis for:

Mother

Sister

Daughter

Does not apply

3. Are you currently using female hormones? Yes No

4. Have you ever used female hormones? Yes No

5. What is your current weight? _____

6. Recent Pregnancy (last two years)? Yes No

Lifetime Risk of Developing Breast Cancer _____

7. Have you ever had a breast biopsy? Yes No

Surgical Biopsy Cyst Aspiration

Core Biopsy FNA Other

Diagnosis _____

8. Do you have a history of Breast Cancer? Yes No

Mastectomy Right Left Date: _____

Lumpectomy Right Left Date: _____

Radiation treatments for breast cancer?

Chemotherapy for breast Cancer?

Last treatment date _____

9. Have you ever had any other breast surgery?

Breast reduction Other

Implants No

10. Do you currently have any breast problems? Yes No

If yes, explain _____

Technologist's Notes:

Baseline

