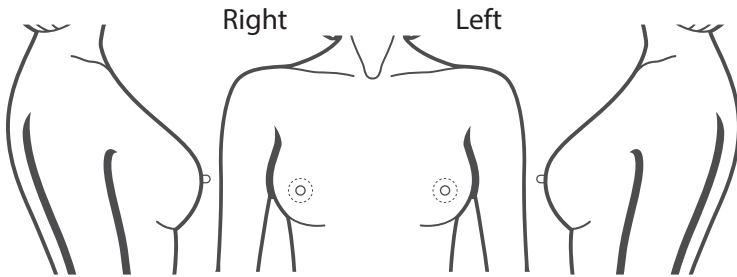


## BREAST HISTORY

1. Do you currently have any breast symptoms?  Yes  No

- a. Mass or lump?  R  L
- b. Soreness, tenderness, or pain?  R  L
- c. Nipple discharge or bloody discharge?  R  L

Indicate the location of and lump or pain/soreness



2. Do you have a history of breast cancer?  Yes  No

- a. Year: \_\_\_\_\_
- b. Mastectomy:  R  L
- c. Lumpectomy:  R  L
- d. Radiation therapy:  R  L
- e. Chemotherapy
- f. Hormone therapy?  Tamoxifen or Arimidex
- g. Other: \_\_\_\_\_

3. Family history of breast cancer?  Yes  No

- a.  Mother  Sister  Father
- Maternal Aunt  Paternal Aunt
- Maternal Grandmother
- Paternal Grandmother
- b. Age at Diagnosis: \_\_\_\_\_
- c. Other: \_\_\_\_\_

4. Have you had prior breast surgeries/procedures?  Yes  No

- a. Excisional biopsy  R  L  Yes  No
- b. Needle biopsy  R  L  Yes  No
- c. Cyst aspiration  R  L  Yes  No
- d. Breast reduction  Yes  No
- e. Implants  Yes  No
- f. Implant removal  Yes  No
- g. Other: \_\_\_\_\_  Yes  No

5. Are you currently on hormone therapy?  Yes  No

- a. Estrogen  Yes  No
- b. Oral contraceptives  Yes  No
- c. Tamoxifen  Yes  No
- d. Arimidex  Yes  No
- e. Other \_\_\_\_\_  Yes  No

6. Have you had previous mammograms?  Yes  No

If so, where and when? \_\_\_\_\_

7. General

- a. Number of live births: \_\_\_\_\_
- b. Age menstruation began: \_\_\_\_\_
- c. Age first full term pregnancy: \_\_\_\_\_
- d. Age at Menopause: \_\_\_\_\_
- e. Age at Hysterectomy: \_\_\_\_\_

I attest that the answers I have provided to questions on this form are correct to the best of my knowledge. I have read and understand the entire contents of this form and had the opportunity to ask questions regarding the information on this form.

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Print Patient Name: \_\_\_\_\_

Patient Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_