Breast Health Questions
Surgical Oncology

Name: _____
First Middle Last

Today's Date: _____ Date of Birth: _____

Doctor who sent you to this clinic:_____

Filling out this form

Answering these questions will help your doctor understand your health and how best to treat you. If you need help filling out this form, the clinic staff will help you.

How was your breast problem found? _____

Have you had a lump in your breast before? ☐ No ☐ Yes, explain_____

Have you had breast surgery before? ☐ No ☐ Yes, what kind _____

Do you have discharge from your nipple? ☐ No ☐ Yes, what color_____

Have you or a family member ever had genetic testing? ☐ No ☐ Yes, what kind_____

Has anyone in your family had: (cousins, aunts/uncles, siblings, children, parents, grandparents)

Breast cancer ☐ No ☐ Yes, who and at what age _____

Ovarian cancer ☐ No ☐ Yes, who and at what age _____

Other cancers ☐ No ☐ Yes, please list who, where the cancer started and age:

_____

_____

Menstrual (periods) and Pregnancy History

How old were you when your periods started? _____

Have you taken birth control pills? ☐ No ☐ Yes

Are you still having periods? ☐ Yes ☐ No, how old where you when they stopped? _____

How many pregnancies have you had? _____

How many children have you had? _____

How many miscarriages have you had? _____

Did you breastfeed? ☐ No ☐ Yes, how long _____

How old were you when your first child was born? _____

Have you had fertility treatment? ☐ No ☐ Yes, what kind_____

Are you planning to have more children? ☐ No ☐ Yes

Current birth control method: _____

Have you taken hormone replacement? ☐ No ☐ Yes

If yes, what kind and how long _____

Do you have new or unexplained pain in your bones? ☐ No ☐ Yes, where _____

Have you lost weight recently? ☐ No ☐ Yes, why_____

Do you have any other symptoms or specific concerns? ☐ No ☐ Yes

If yes, please explain _____

_____