

Name _____ DOB _____ Age _____

1. Previous breast masses? Yes _____ No _____

2. Hormone use: (i.e.) Provera _____ Premarin _____
 Birth Control Pills _____

3. Family history of breast cancer? Yes _____ No _____
 Mother _____
 Sister _____
 Cousin _____
 Aunt _____

4. Previous breast biopsies? Yes _____ No _____
 When? _____
 Which breast? _____

5. Previous mammograms? Yes _____ No _____
 When? _____ Where? _____

6. Onset of Menses?
 (first menstrual period) Year _____ Age _____

7. Menopause
 ("change in life") (if applicable) Year _____

8. Last menstrual period? Date _____

9. Hysterectomy:
 If yes, were the ovaries removed? Yes _____ No _____

10. Do you have children? Yes _____ No _____
 Were your children breast fed? Yes _____ No _____

11. What is the age of your oldest child? _____

12. Are you having any nipple discharge? _____

13. Do you practice self-breast Examinations? Yes _____ No _____
 Monthly? _____
 Occasionally? _____