



BREAST QUESTIONNAIRE

PLEASE ANSWER ALL QUESTIONS ON THIS FORM AND UPDATE ANY NEW INFORMATION

Please print legibly

Date: ___ / ___ / ___ Name: Last Name First Name Middle Initial

Date of Birth: ___ / ___ / ___ Age Social Security #: _____

Yes No Could you be pregnant now? Yes No Are you wearing deodorant?

1. Reason for Mammogram/Breast Ultrasound/ Breast MRI? Routine? Yes No

2. Yes No Lumps in breast now? Right Left

3. Yes No Discomfort, pain or soreness? Right Left

4. Yes No Nipple discharge? Right Left Color: _____

5. Yes No Other breast symptom? Explain: _____

6. Yes No Previous mammogram? Where? When?

7. Yes No Prior breast surgery? Right Left When?

- Benign biopsy? Right Left When?

- Lumpectomy? Right Left When?

- Mastectomy? Right Left When?

- Cyst aspiration? Right Left When?

- Reduction? When? Reconstruction? When?

- Radiation Therapy? Right Left If yes, date of last treatment

- Chemotherapy? When?

8. Yes No Do you have breast implants? Silicone? Saline?

9. Yes No Have you had a hysterectomy?

10. Yes No Have your ovaries been removed? If yes, One or Both

11. Yes No Are you still menstruating? If YES, date of last menstrual period

If NO, year of last menstrual period

At what age did you get your 1st period? (years old)

12. Yes No Do you have children? Your age at 1st birth Did you nurse? Yes No

How many children do you have? Are you currently nursing? Yes No

13. Yes No Have you ever used Estrogen replacement therapy?

Presently? Yes No How long?

14. Yes No Have you ever used birth control pills? Presently? Yes No How long?

15. Ethnicity: Caucasian Hispanic African American American Indian Asian Other Race

16. **Yes** **No** History of breast cancer and their age at time of diagnosis? Self Age _____
Mother ? Age____, Father? Age____, Sister? Age____, Daughter? Age____,
Maternal grandmother ? Age____, Paternal grandmother? Age____,
Maternal aunt? Age____,Paternal aunt? Age____, Cousin? Age____
2nd Cousin? Age____, Niece? Age____, 1/2 Sister ? Age____, Brother? Age____

17. **Yes** **No** Have you ever had any kind of cancer? If yes, what type? _____
Your age at time of diagnosis? _____ Type of therapy? _____

18. **Yes** **No** Has anyone in your family had any **other** type of cancer? _____ Who? _____
What type of cancer? _____ Their age at time of diagnosis? _____

19. Date of your last breast physical examination by your physician? _____.

Mammography is an excellent and safe way to detect breast cancer. However, it is not infallible. If you detect new symptoms or new lumps in your breasts, EVEN IF THIS MAMMOGRAPHY IS NORMAL, you should report them to your physician immediately!

Patient Signature

Patient Name

Date

For office use only

Technologist: _____

RIGHT

LEFT

