

BREAST QUESTIONNAIRE

NAME: _____ DATE: _____ DATE OF BIRTH: _____ AGE: _____ RACE: _____
DAYTIME PHONE: _____ EVENING PHONE: _____ CELL PHONE: _____

Please notify our staff if you have new insurance and/or change of address.

Did your doctor order this mammogram? No Yes If Yes, referring doctor's name: _____

Doctor(s) we should send report to: _____

Have you ever had a mammogram Yes No Where? _____ Year: _____

Films requested by: _____ Faxed Date: _____

Are you **CURRENTLY** having any of the following problems?:

YES* NO RT LT BOTH Date problem began: _____

YES NO

Breast lump _____
Breast pain or tenderness _____
Breast thickening _____
Skin retraction/change _____
Nipple discharge (clear, bloody) _____
Other: _____

Are you pregnant? _____
Have you ever been pregnant? _____
Your age of first full term pregnancy _____
Age your periods started: _____ ended: _____

Are you using any hormones?: Yes _____ No _____

***I understand that if I have breast problems, high risk of breast cancer, or questionable mammography, a diagnostic (rather than screening) mammogram must be performed to protect my health and comply with federal requirements. Many insurance companies may apply this cost to my deductible. I have received satisfactory answers to any questions from AWIC staff.**

Have you ever been diagnosed with the following cancer?:
YES NO RIGHT LEFT BOTH

Have any blood relatives, INCLUDING MALE, been diagnosed with breast cancer?: (do not include other

cancers)
Breast **AGE** _____

YES NO

Uterine _____
Ovarian _____

Mother _____
Grandmother _____

Have any blood relatives had history of ovarian cancer?:

Sister(s) _____

YES NO AGE Mother _____

Daughter(s) _____

Cousin(s) _____
Grandmother _____

Aunt _____

Sister _____
Daughter _____

Father _____
Grandfather _____

Cousin _____

Brother _____

Aunt _____

Son _____

Other _____

Uncle _____

Other _____

--Have you or any first degree blood relatives tested positive for BRCA Test (breast cancer gene)? Yes _____ No _____

--At no charge, would you like to know your lifetime risk assessment of developing breast cancer? Yes _____ No _____

Although a woman's risk may be accurately estimated, these predictions do not allow one to say precisely which woman will develop breast cancer and which will not. Up to 80% of patients who develop breast cancer have no risk factors.

Have you had the following?: (please check all that apply to you)

YES NO RIGHT LEFT BILATERAL YEAR PHYSICIAN/

LOCATION

Breast infection/abscess _____

Axillary node removal _____

Cyst aspiration _____

Biopsy _____

Lumpectomy _____

Mastectomy _____

Breast reconstruction _____

Breast reduction _____

Breast radiation _____

Chemotherapy _____

Breast implant _____ Silicone _____ Saline _____ Both _____

