



Label

Breast Patient History Form

Date of last Mammogram / Where: _____

Was it: Normal Abnormal Suspicious Something is being watched

Date of last breast ultrasound: _____

Was it: Normal Abnormal Suspicious Something is being watched

Date of last breast MRI: _____

Was it: Normal Abnormal Suspicious Something is being watched

NEW CHANGES OR CONCERNS

None

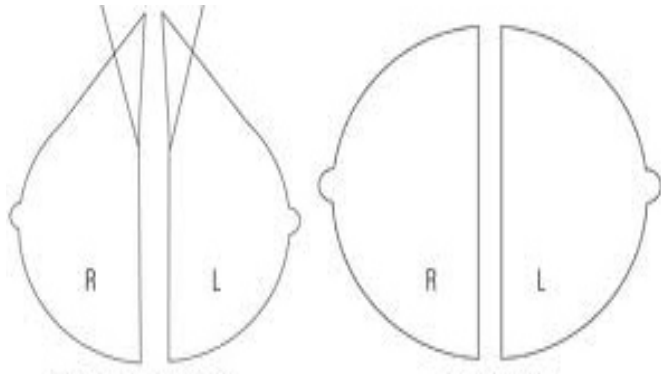
R L **Breast Lump:** (date found) _____

R L **Breast Pain:** Dull Sharp Burning Stinging Tenderness Changes with my cycle

R L **Thickening:** Skin changes (Color Texture Over the lump)

R L **Nipple Discharge:** Bloody Milky Clear Other _____

R L **Nipple Changes:** Color Texture Other: _____



TECHNOLOGIST: _____

NOTES:

YES	NO	Breast Surgery	Right	Left	Results, IF APPLICABLE	Date
		Needle Core Biopsy				
		Surgical Biopsy				
		Lumpectomy				
		Mastectomy				
		Nodes Removed				
		Radiation Therapy				
		Breast Augmentation				
		Breast Reduction				

Printed Patient Name

Date

Breast History Form (Page 2)

Label

Age at First Period	
Number of Live Births	
Age at First Full Term Pregnancy	
Age at Last Full Term Pregnancy	
# of Child(REN) Breast Fed	
Age at Menopause	
Have You Had a Hysterectomy / AGE	
Were Your Ovaries Removed / AGE	
Do you currently use hormones	
Type of hormones used (Estrogen, Progesterone, or Combination)	
How long have you used hormones	
Have you Gained or Lost Over 10 lbs Since Your Prior Mammogram	
Have you had chest wall radiation between the ages of 10-30	
Are you of Ashkenazi Jewish Ancestry	
Have you or a family member had BRCA 1/2 testing? Results	

FAMILY / PERSONAL HISTORY OF CANCER

YES	NO	History of Breast or Ovarian CA	Breast Cancer	AGE	Ovarian Cancer	AGE	Other Cancer	AGE
		Self						
		Mother						
		Father						
		Sister						
		Brother						
		Child						
		Maternal Grandmother						
		Paternal Grandmother						
		Maternal Aunt						
		Paternal Aunt						
		Cousin						

Patient Signature

Date

Administrative Use Only

- Patient verification checked through name and DOB Initials: _____
- Technologist performing verification