



BREAST EXAM QUESTIONNAIRE

TODAY'S DATE: _____

NAME: _____ DATE OF BIRTH: _____

REFERRING PHYSICIAN: _____

REASON FOR TODAY'S VISIT: _____

IS THERE A POSSIBILITY OF PREGNANCY NOW? Y/N

ARE YOU TAKING FEMALE HORMONES OR BIRTH CONTROL PILLS AT THIS TIME? Y/N

IF YES, WHAT KIND? _____

MENSTRUAL HISTORY

AGE OF ONSET _____

LAST PERIOD _____

CHILDBIRTH HISTORY

NUMBER OF PREGNANCIES _____

AGE AT FIRST PREGNANCY _____

DID YOU BREASTFEED? Y/N

HAVE YOU HAD A HYSTERECTOMY? Y/N

HAVE YOU HAD YOUR OVARIES REMOVED? Y/N

DATE OF YOU LAST BREAST EXAM BY A PHYSICIAN _____

HAVE YOU HAD A MAMMOGRAM? Y/N

IF YES, WHERE? _____

HAVE YOU EVER BEEN DIAGNOSED WITH BREAST CANCER? Y/N DATE: _____

HAVE YOU EVER HAD A BREAST SURGERY? Y/N

L/R BREAST SURGERY DATE: _____

L/R BREAST CYST DATE: _____

L/R BREAST BIOPSY DATE: _____

FAMILY HISTORY: HAS ANY BLOOD RELATIVE HAD BREAST CANCER? Y/N

MOTHER

SIBLING

DAUGHTER

COUSIN

FATHER

GRANDMOTHER: PATERNAL/MATERNAL

AUNT: PATERNAL/MATERNAL

NIECE