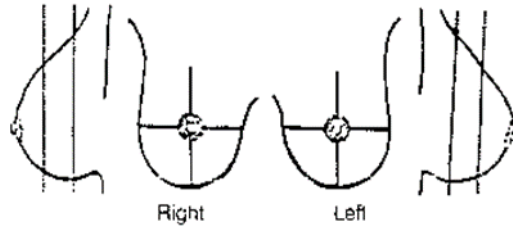


BREAST QUESTIONNAIRE

Patient Name: _____ DOB: _____
 Referring Physician: _____ Date of next physician visit: _____

- YES NO 1. Are you pregnant? If yes, please notify the staff immediately.
- YES NO 2. Do you have a family history of breast cancer? Age at Diagnosis: _____
 (Mother, Sister, Grandmother, Aunt, or Daughter)
- YES NO 3. Do you have a personal history of breast cancer? Age at Diagnosis: _____
- YES NO 4. Have you had a mammogram before? If yes, approximate date: _____
 Place (facility name) _____
- YES NO 5. Are you or your doctor feeling any lumps in your breasts now?
 If yes, please diagram the location on the drawing.



- YES NO 6. Are you having any of the following symptoms?
 Right Left
- Palpable lump or thickening
- Bloody discharge Color: _____
- Non-bloody discharge
- Skin thickening or dimpling
- Nipple abnormality
- Pain Constant Intermittent Localized Whole Breast
- Other: _____

<input type="checkbox"/> YES <input type="checkbox"/> NO	7. Previous Breast Procedures?	Right	Left	Date
	a. Cyst aspiration	<input type="checkbox"/>	<input type="checkbox"/>	_____
	b. Biopsy, needle	<input type="checkbox"/>	<input type="checkbox"/>	_____
	c. Biopsy, surgical	<input type="checkbox"/>	<input type="checkbox"/>	_____
	d. Lumpectomy for cancer	<input type="checkbox"/>	<input type="checkbox"/>	_____
	e. Mastectomy	<input type="checkbox"/>	<input type="checkbox"/>	_____
	f. Radiation treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____
	g. Chemotherapy	<input type="checkbox"/>	<input type="checkbox"/>	_____
	h. Implants	<input type="checkbox"/>	<input type="checkbox"/>	_____
	i. Silicone injections	<input type="checkbox"/>	<input type="checkbox"/>	_____
	j. Breast reduction	<input type="checkbox"/>	<input type="checkbox"/>	_____
	k. Other: _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

- YES NO 8. Are you currently taking Hormones? (birth control pills, estrogen, or progestin)
 If yes, which ones? _____ Number of years? _____

Patient Signature: _____ Date: _____
 Baptist M&S Staff FULL Signature: _____ Date: _____