Name: _____ DOB: _____ Acct # _____

Ironwood Breast Centers

BREAST QUESTIONNAIRE

What is your main complaint today? _____

Have you ever breastfed? ☐ Yes ☐ No
If Yes, for how long? _____

Are you currently breastfeeding? ☐ Yes ☐ No

Do you take any blood thinners? ☐ Yes ☐ No
If yes, please list: _____

Are you currently experiencing any of the following?

Breast lump	☐ Yes	☐ No	Which side:	☐ Right	☐ Left	☐Both
Lump under your arm	☐ Yes	☐ No	Which side:	☐ Right	☐ Left	☐Both
Nipple discharge	☐ Yes	☐ No	Which side:	☐ Right	☐ Left	☐Both
Breast pain	☐ Yes	☐ No	Which side:	☐ Right	☐ Left	☐Both

Have you ever had a breast biopsy? ☐ Yes ☐ No
If yes:
Did a biopsy ever show atypical ductal hyperplasia (ADH): ☐ Yes ☐ No
Did a biopsy ever show lobular carcinoma in-situ (LCIS): ☐ Yes ☐ No

Does a physician examine your breasts every year? ☐ Yes ☐ No
How often do you examine your breasts? ☐ Monthly ☐ Occasionally ☐ Never

Are you currently taking or have you ever taken birth control pills? ☐ Yes ☐ No

Birth Control Name: _____

Duration: _____ Side Effects: _____

Are you currently taking or have you ever taken any hormone replacement therapy (estrogen or progesterone)?

☐ Yes ☐ No

Medication name: _____

Duration: _____ Side Effects: _____

Do you eat or drink foods or beverages containing caffeine? (E.g. coffee, tea, or chocolate)
☐ Yes ☐ No If yes, list average daily consumption: _____

Do you exercise? ☐ Never ☐ Sometimes ☐ 30 minutes 5 times a week or more

Inheritance of certain genes can be important to your risk of breast cancer:
Are you of Ashkenazi Jewish Ancestry? ☐ Yes ☐No
Are you aware of BRCA 1 / 2 or other gene positivity in your family? ☐ Yes ☐No

Name: _____ DOB: _____ Acct # _____

Family History

Has any blood relative had breast cancer? ☐ Yes ☐ No (If yes, list below)

Relationship	Maternal	Paternal	Age at diagnosis or approx. age	One or both breasts affected	Current status of relative

Has any blood relative had ovarian cancer? ☐ Yes ☐ No (If yes, list below)

Relationship	Maternal	Paternal	Age at diagnosis or approx. age	Current status of relative

Has any blood relative had any other type of cancer? ☐ Yes ☐ No
(If yes, list below, especially prostate, colon, uterine, pancreatic, gastric, melanoma, sarcoma, brain, lung, thyroid, or leukemia)

Relationship	Maternal	Paternal	Age at diagnosis or approx. age	Type of Cancer	Current status of relative