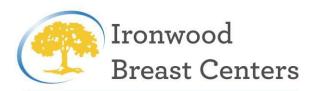
lame:	DOB:	Acct #	



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
Did a biopsy ever show atypical ductal hyperplasia (ADH):
Are you currently taking or have you ever taken birth control pills?
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? Are you aware of BRCA 1 / 2 or other gene positivity in your family? Yes No

Family History					
amily History					
	,				
las any blood r	elative had	breast cance	r? ☐ Yes ☐ No (If yes, list l	pelow)	
Relationship	Maternal	Paternal Ag	ge at diagnosis or approx. age	One or both breasts affected	Current status of relativ
Has any blood :	relative had	l ovarian cano	cer? □ Yes □ No (If yes, lis	t below)	
Relationship	Maternal	Paternal	Age at diagnosis or approx.	age Current status of re	lative
			pe of cancer? ☐ Yes ☐ No llon, uterine, pancreatic, gas	stric, melanoma, sarcoma, bra	ain, lung, thyroid, or
Relationship	Maternal	Paternal	Age at diagnosis or approx.	age Type of Cancer	Current status of relative