

BREAST CANCER HISTORY AND RISK ASSESSMENT Patient Information Form

1. Name First									
2. Today's date			(month/day/year)	3. Date of b	_ (month/day/year)				
4. A	Age 5. Height		eight_		(feet/inches	s) 6. k	Veight		
7. Have you experien ☐ No (Go to 8)		☐ Yes ☐ Lun ☐ Nipp ☐ Nipp ☐ Eryy ☐ Ras ☐ Bre	np ple discople / ski thema / sh / scal ast pair	harge n retraction swelling ling / itching					
	-	breas	t examina	tion by	Ilowing examir a doctor or nurs Yes The mo Results:	se: st recent one	was		
b. c.	☐ No	□ biopsy	Not sure		easts), or Ultras Yes The mo Results:	ound: st recent one any breast bio apply: Fine Nee	was psies? edle Core N	eedle Sur	(month/year) gical Not Sure
	<i>id your m</i> No		-	_	in before the a	ge of 12?			
	Have you nonths)? No		s <i>trual pe</i> Not sure	riods p □	ermanently sto				at least 12
	Have you No		<i>hormone</i> Not sure	-		t use	•		# years used ogen & Progesteron
	Have you No	•	given bir t Yes Wh		were you when	your <u>first</u> child	d was born?	·	
13. C	On avera (No		you drin Yes	k two d	or more alcoho	lic beverage:	s a day?		

14. Have you ever had radiation <u>t</u>	reatr	<u>nent</u>	to yo	our cl	nest (not m	amr	nogra	<u>phy</u>)?
☐ No ☐ Not sure	□ Y	'es F	Reas	on					
15. Have any of your mammogra	ms s	hown	den	se br	east	tissue	?		
☐ No ☐ Not sure	□ Y	'es l	How	dense	€?	%		Not	sure
16. Please indicate whether you o top row of the table by circling (blood) relatives only, both liv	g yes	6 (Y) c	or no	(N).				-	
	Breast cancer at or before age 50		Breast cancer after age 50		Breast cancer in a male relative		Ovarian cancer		Other related cancers* (please specify)
Yourself (personal history)	Υ	N	Υ	N			Υ	N	
Your parents	Y	N	Y	N	Y	N	Y	N	
Your brothers & sisters Your children	Y Y	N N	Y	N N	Y	N N	Y	N N	
Your father's parents	Ϋ́	N	Ϋ́	N	Ϋ́	N	Ϋ́	N	
Your mother's parents	Ϋ́	N	Y	N	Y	N	Y	N	
Your father's brothers & sisters	Y	N	Υ	N	Y	N	Y	N	
Your mother's brothers & sisters	Υ	Ν	Υ	Ν	Υ	Ν	Υ	Ν	
*Other related cancers include thyroid of carcinoma, brain cancer, diffuse gastric 17. If you answered yes to having have? (If you have not had bro	c canc g a p e	er, and erson	d early n al h i	onset i story	acute of b	leukemi	ia.		
 ☐ Surgery: ☐ Lumpectomy ☐ Radiation ☐ Chemotherapy ☐ Hormones ☐ Other: 			-	-	•	le one:	Lt f	3reast	Rt Breast Both Breasts
18. Have you ever had breast sur other)? ☐ No ☐ Not sure									cer (implants, reduction, Breast Reduction Other
19. Have you or a family member gene?					•		•		
☐ No ☐ Not sure	□ Y	es \	What	gene	e(s)?				Not sure
20. Do you have Ashkenazi Jewis	sh an	cestr	y?						
☐ No ☐ Not sure	□ Y	'es							