Breast History Questionnaire

*Name*_____ *DOB*_____ *Age*_____

*Reason for seeing the doctor:*_____.

*Has anyone in your family had breast cancer?*_____.
*If so, who?*_____.

Do you get routine mammograms? Y / N
*What Facility?*_____

*Have you ever had a breast biopsy or cyst aspirated?*_____.

Do you perform monthly breast exams? Y /N

*Age (at menarche) first period.*_____

Are you still having periods? Y / N

*Date of last period:*_____

Do you still have your ovaries? Y /N

Have you ever taken estrogen? Y/N *Are you currently? Y/N*

Have you ever taken birth control? Y/N *Are you currently? Y/N*

*How long were you on birth control?*_____