

NEW PATIENTS FILL OUT LEFT SIDE ONLY. RETURNING PATIENTS MAKE ANY CORRECTIONS.

Last name: _____ First: _____ MI _____
 Any previous last names: _____ Email Address: _____
 Street: _____ City: _____ State: _____
 Zip: _____ - _____ Birth date: ___ / ___ / ___ Age: _____ SSN: _____ - _____ - _____
 Home phone: (_____) _____ - _____ Office phone: (_____) _____ - _____ x _____
 Patient's Doctor: _____ Copies to: _____

KNOWN PATIENT DATA

Age: 0

KNOWN REFERRING DOCTOR

KNOWN MEDICAL HISTORY

KNOWN RISK FACTORS

PREVIOUS PROCEDURES

REASON FOR TODAY'S VISIT: _____

Last mammogram exam ___ / ___ / ___ Where: _____

Date of last period: _____

Insert approximate age or number:

1st Menstruation:	Age: _____	Number of Children birthed:	_____
1st Full Pregnancy:	Age: _____	Number Breast fed:	_____
Menopause:	Age: _____	Number of Years smoked:	_____
Ovaries removed:	Age: _____	Height:	_____
Hysterectomy:	Age: _____	Weight:	_____
Hormonal contraceptives	Age 1st used _____ last used _____		
Estrogen	Age 1st used _____ last used _____		
Progesterone	Age 1st used _____ last used _____		
Tamoxifen	Age 1st used _____ last used _____		

Risk Factors – check all that apply:

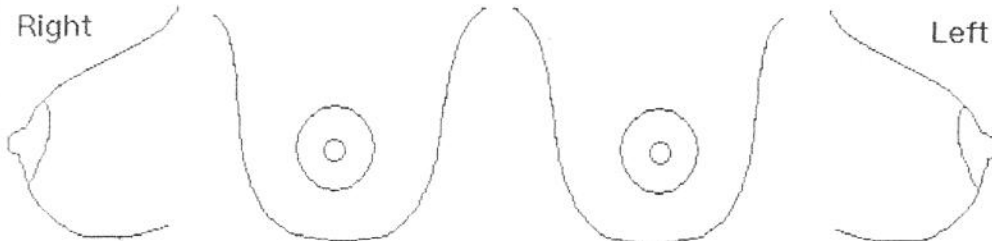
I had breast cancer - Age _____ I am post-menopausal
 I had gynecological cancer - Age _____ I have never been pregnant
 I had a different cancer - Age _____ None of these

Family History of breast cancer – check those that apply:

Unknown (Adopted)
 None / Not Sure
 Aunt, grandmother, or cousin (weak)
 Mother or sister had breast cancer after menopause (intermediate)
 Mother or sister had breast cancer before menopause (high risk)
 Several close relatives had breast cancer (high risk)

Prior breast procedures - Insert age or year & indicate breast L=left, R=right, B=both

None (check) _____
 Biopsy _____ R L B Cyst aspiration _____ R L B Ultrasound _____ R L B
 Ductography _____ R L B Lumpectomy _____ R L B Mastectomy _____ R L B
 Chemotherapy _____ R L B Radiation therapy _____ R L B Reduction _____ R L B
 Last breast exam _____ Implants _____ R L B type: silicone saline combination



Signature: _____