



# NEW PATIENT QUESTIONNAIRE

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[montclairbreastcenter.com](http://montclairbreastcenter.com)

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
DOB: \_\_\_\_\_ Date/Year of last menstrual period: \_\_\_\_\_  
Reason for exam today: \_\_\_\_\_

Are you currently pregnant? Or is there any possibility that you are pregnant: Yes No

### CURRENT BREAST CONCERNS: Please describe and give location:

How many Breast Biopsies or Breast Surgeries have you had? \_\_\_\_\_ Any Atypia? Yes No

Aware of any new lumps today?	Yes	No	Rt	_____	Lt	_____	How Long	_____
Recent breast pain or soreness:	Yes	No	Rt	_____	Lt	_____	How Long	_____
Discharge from nipple: Color? _____	Yes	No	Rt	_____	Lt	_____	How Long	_____
Any recent breast trauma?	Yes	No	Rt	_____	Lt	_____	How Long	_____
Skin changes/thickening?	Yes	No	Rt	_____	Lt	_____	If Yes, describe:	_____
Other problems/concerns?	Yes	No	Rt	_____	Lt	_____	Explain	_____
Personal history of diabetes:	Yes	No						

Please list any medication you are currently taking: \_\_\_\_\_

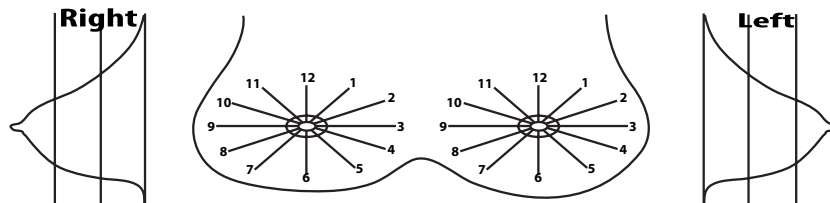
Please state any known drug allergies: \_\_\_\_\_

Do you currently smoke? Yes No If Yes, how much and for how long? \_\_\_\_\_

Are you a former smoker? Yes No If Yes, for how long and when did you quit? \_\_\_\_\_

I understand that early detection of breast cancer is a 3 part process: mammography, self breast exam, and annual physical breast exam by my healthcare provider.

Patient's Signature: \_\_\_\_\_ Date: \_\_\_\_\_



Technologist: Make note and chart all masses, moles, and scars.

Technologist Signature: \_\_\_\_\_ Date: \_\_\_\_\_