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**montclairbreastcenter.com**

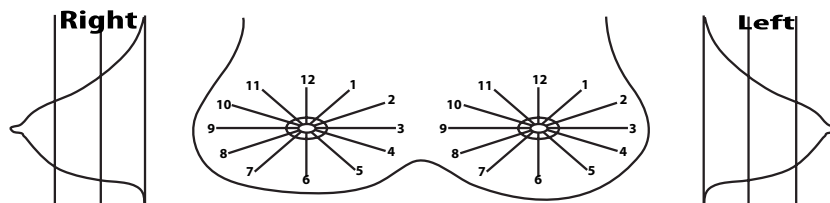
Name: \_\_\_\_\_ Date: \_\_\_\_\_  
 DOB: \_\_\_\_\_ Date/Year of last menstrual period: \_\_\_\_\_  
 Reason for exam today: \_\_\_\_\_  
 Have you had a previous mammogram: Yes No Where? \_\_\_\_\_ When? \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Any changes (up or down? how much?) \_\_\_\_\_  
 Ethnicity: Mother: \_\_\_\_\_ Father: \_\_\_\_\_ Are you of Ashkenazi descent? Yes No  
 Age at first period: \_\_\_\_\_ Age at first live birth: \_\_\_\_\_ Age at menopause: \_\_\_\_\_ Bra Size: \_\_\_\_\_  
 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  
 Are you taking hormones/estrogen? Yes No Started \_\_\_\_\_ Stopped \_\_\_\_\_  
 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? \_\_\_\_\_  
 Any family history of cancer? Yes No If Yes, who, type and age of diagnosis? \_\_\_\_\_  
 Breast: \_\_\_\_\_  
 Ovarian: \_\_\_\_\_  
 Other: \_\_\_\_\_  
 Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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: \_\_\_\_\_