Montclair Breast Center
Expertise · Experience · Compassion

QUESTIONNAIRE

37 North Fullerton Avenue, Montclair, NJ 07042
973.509.1818 / 973.509.0532 fax
montclairbreastcenter.com

Name: _____ Date: _____

DOB: _____
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

CURRENT BREAST CONCERNS: Please describe and give location:

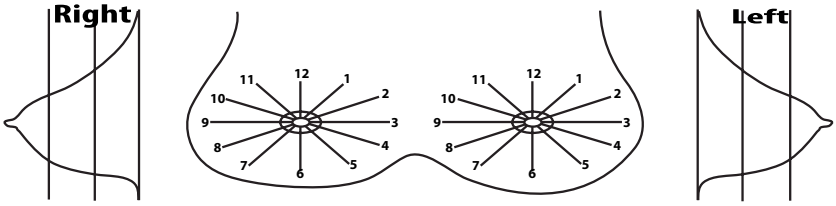
How many Breast Biopsies or Breast Surgeries have you had? _____ Any Atypia? Yes No

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? 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:_____
_____

Total Number (include both living and deceased) of Maternal Aunts: _____ Number of Paternal Aunts: _____
Number of Daughters: ____ Number of Sisters: _____
Date of last colonoscopy? _____ Results? _____
Flu shot? _____ Last Date: _____

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:**_____