

Montclair Breast Center

PATIENT QUESTIONNAIRE

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: _____ Implants: Yes No

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 lumps today? Yes No How Long _____

Recent breast pain or soreness: Yes No How Long _____

Discharge from nipple? Yes No How Long _____ Color: _____

Any recent breast trauma? Yes No How Long _____

Skin changes/thickening? Yes No If Yes, describe: _____

Other problems/concerns? Yes No 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: _____

Recent vaccine: Yes No Type: _____ Arm: _____ Date: _____

Smoking status: _____

How long have you been smoking? _____ How many packs of cigarettes do you smoke every day? _____

How many years have you smoked in the past? _____ When did you quit smoking (YYYY)? _____

Family History (Indicate Relation)

Breast: _____ Age of diagnosis _____

Ovarian: _____ Age of diagnosis _____

Other: _____ Age of diagnosis _____

Total Number (include both living and deceased) of Maternal Aunts: _____ Number of Paternal Aunts: _____

Number of Daughters: _____ Number of Sisters: _____

Personal History

Personal history of any cancer? Yes No Age of diagnosis: _____

Cancer Type: _____ Other: _____

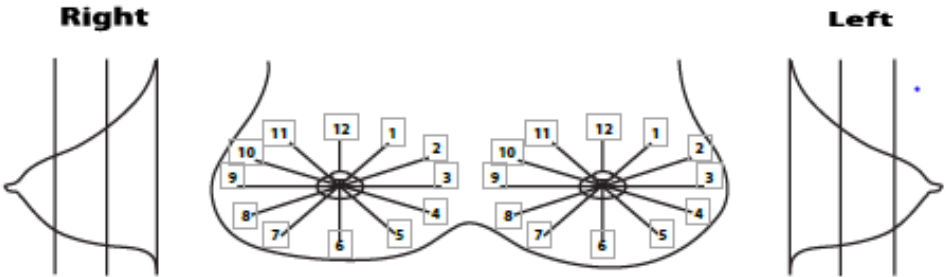
Date of last pap smear: _____ Date of last colonoscopy? _____ Results? _____

Flu shot? _____

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: _____

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

Technologist Signature: _____ Date: _____