



## BREAST CARE WORKSHEET 1

Demographics:			
Last _____ First _____		DOB: _____ Age _____	
Address _____		City _____ State _____	
Zip _____		Referred by _____ Ethnicity _____ Ashkenazi Jewish Ancestry (Y/N)	
Family History:	Personal Risk Factors:	Please Circle One:	
Breast Cancer _____	__ Breast Cancer gene	Premenopausal (before)	
Ovarian Cancer _____	__ History of Breast Cancer	Perimenopausal (during)	
Colon Cancer _____	__ History of Ovarian Cancer	Postmenopausal (after)	
Other _____	__ History of Endometrial Cancer	Age @ Postmenopausal _____	
Gynecological History:	Hormone History:	Currently taking?	Duration:
First menstrual period @ age: _____	Oral contraceptives:	Y N	Yrs __ Mos __
Hysterectomy @ age: _____	Estrogen:	Y N	Yrs __ Mos __
Left Ovary removed @ age: _____	Progesterone:	Y N	Yrs __ Mos __
Right Ovary removed @ age: _____	Tamoxifen:	Y N	Yrs __ Mos __
First full term pregnancy @ age: _____	Raloxifene:	Y N	Yrs __ Mos __
Number of live births: _____	Unspecified hormones:	Y N	Yrs __ Mos __
Breast Surgical and Treatment History: (Include date, type and result)			
Current Complaints/Symptoms:			
First Mammogram: _____		Last menstrual period: _____	
Time since last Mammogram: _____			

### BREAST IMPLANTS:

Date: _____	<input type="radio"/> Right	<input type="radio"/> Silicone	<input type="radio"/> Saline	<input type="radio"/> Combination	<input type="radio"/> Pre-Pectoral	<input type="radio"/> Post-Pectoral
Date: _____	<input type="radio"/> Left	<input type="radio"/> Silicone	<input type="radio"/> Saline	<input type="radio"/> Combination	<input type="radio"/> Pre-Pectoral	<input type="radio"/> Post-Pectoral

### Mammo Tech will fill this portion out:

Clinical Breast Exam: _____	Date: _____
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