SURGICAL SPECIALISTS OF BG LLC-BREAST PATIENT HISTORY-PATIENT BREAST INFORMATION

NAME _____ AGE _____ DATE _____

PERSONAL BREAST HISTORY

PREVIOUS BREAST BIOPSY YES NO IF YES, WHEN _____
PREVIOUS BREAST SURGERY YES NO IF YES, WHEN_____

WHAT TYPE OF BREAST SURGERY? _____

FAMILY HISTORY OF BREAST CANCER? YES NO

IF YES: MOTHER_____ AGE ____ SISTER(S)_____ AGE ____ AUNT _____ AGE _____

GRANDMOTHER _____ AGE ____ DAUGHTER _____ AGE _____ OTHER _____ AGE _____

MENSTRUAL HISTORY

FIRST MENSTRUAL CYCLE AGE _____ MENOPAUSE AGE _____
LAST MENSTRUAL CYCLE AGE _____ DATE IF KNOWN _____
HORMONE USE: ORAL CONTRACEPTIVE _____ HORMONE REPLACEMENT _____
CHILDBIRTH HISTORY: NUMBER OF PREGNANCIES _____ NUMBER OF CHILDREN _____
AGE AT FIRST LIVE BIRTH _____ BREAST FEEDING HISTORY YES NO

DO YOU DO REGULAR SELF BREAST EXAMS? YES NO HOW OFTEN _____
DO YOU HAVE CAFFIENE REGULARLY? YES NO
ARE YOU ON ANY BLOOD THINNERS? YES NO
DO YOU HAVE A PACEMAKER/DEFIBRILLATOR? YES NO

MAMMOGRAM YES NO DATE OF EXAM _____

BREAST ULTRA SOUND YES NO DATE OF EXAM _____

BREAST MRI YES NO DATE OF EXAM _____

REASON FOR TODAYS VISIT

BREAST LUMP RIGHT LEFT FIRST NOTICED _____

BREAST PAIN RIGHT LEFT FIRST NOTICED _____

CHANGE IN BREAST APPEARANCE RIGHT LEFT FIRST NOTICED _____

ABNORMAL MAMMOGRAM RIGHT LEFT DATE IF KNOWN _____

SECOND OPINION

PREVIOUS BREAST CANCER TREATMENT YES NO

LUMPECTOMY YES NO RIGHT LEFT
RADIATION THERAPY YES NO RIGHT LEFT
MASTECTOMY YES NO RIGHT LEFT WHEN _____
WITH OR WITHOUT RECONSTRUCTION? YES NO CHEMOTHERAPY? YES NO
CHEMOTHERAPY YES NO