EASTSIDE SURGICAL ASSOCIATES

BREAST DISEASE QUESTIONNAIRE

NAME:____ AGE:_______________ TODAY'S DATE:________________

WHICH BREAST IS THE PROBLEM? RIGHT LEFT BOTH

NATURE OF THE PROBLEM (PLEASE CIRCLE) LUMP PAIN NIPPLE DISCHARGE REDNESS

SIZE INCREASE ABNORMAL MAMMOGRAM OTHER

WHO FOUND THE PROBLEM? I MY DOCTOR DATE FOUND:______________

HAVE YOU EVER HAD BREAST SURGERY? YES / NO IF YES, DATE:_______________________

TYPE OF SURGERY:__________________

YOUR AGE WHEN YOU **FIRST** MENSTRUATED __________ YEARS

YOUR AGE WHEN YOU HAD YOUR **FIRST** CHILD __________ YEARS

DO / DID YOU USE BIRTH CONTROL PILLS YES / NO IF YES, HOW LONG:__________________

DATE YOU STARTED YOUR **LAST** MENSTRUAL PERIOD ____________________

HOW MANY PREGNANCIES ________ MISCARRIAGES ________ ABORTIONS ________

IF YOU REACHED MENOPAUSE, YEAR OF MENOPAUSE ____________________

HAS YOUR UTERUS BEEN REMOVED? YES / NO IF YES, DATE:_______________________

HAVE YOU HAD ENDOMETRIAL ABLATION? YES / NO IF YES, DATE:_______________________

HAVE YOUR OVARIES BEEN REMOVED? YES / NO IF YES, ONE/BOTH DATE: ____________

ARE YOU TAKING HORMONES? YES / NO IF YES, SINCE WHEN:_________________

NAME OF HORMONE:________________

HAVE YOU HAD MAMMOGRAMS? YES / NO IF YES, DATE:_______________________

PLACE:____________________________

DO YOU HAVE **BLOOD RELATIVES** WITH **BREAST CANCER**? YES / NO IF YES, SPECIFY:____________________

____

ABOVE RELATIVE'S AGE WHEN SHE DEVELOPED BREAST CANCER ____________ YEARS

LIST ANY OTHER CANCERS AMONG **BLOOD RELATIVES** ____

____

DO YOU PERFORM BREST SELF EXAMS? REGULARLY / IRREGULARLY / NO/ I WOULD LIKE TO LEARN

IN THE ADJOINING SKETCH, MARK THE LOCATION OF THE PROBLEM