# Breast Cancer Risk Assessment

This form is an assessment to determine your risk for breast cancer.

1. Have you ever had breast cancer? ****Yes ****No

2. Have you ever had a breast biopsy? (A biopsy is when the doctor removes tissue from your breast to test for cancer)

 ****Yes ****No ****Unknown

 a. If yes, how many biopsies?

 b. Did the biopsy show a pre-cancerous condition (Atypical Hyperplasia)? ****Yes ****No ****Unknown

 c. Did the breast biopsy show the following?

 1. Lobular Carcinoma In Situ (LCIS) ****Yes ****No ****Unknown

 2. Ductal Carcinoma In Situ (DCIS) ****Yes ****No ****Unknown

3. Have you ever had genetic testing? ****Yes ****No

4. What is your age?

5. How old were you when you had your first menstrual cycle?

6. How old were you when you had your first child? ****NA

7. Has your mother, sisters or daughters been diagnosed with breast cancer? ****Yes ****No

 If yes, how many family members have been diagnosed with breast cancer?

8. Race: ****White ****Hispanic ****Native American ****Black ****Asian ****Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

9. Were you born in or outside of the United States? ****Inside ****Outside

Patient Signature: Date:

Printed Name: Date:

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