# Breast Health History

Patient Name: Age: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Why are you being seen today?

****No ****Yes Do you presently have a breast lump?

If yes: Has the lump changed since found? No Yes Is the lump painful? No Yes

****No ****Yes Any skin changes or dimpling?

****No ****Yes Any discharge from the nipple?

If yes, which breast: ****Right ****Left ****Both

What color: ****Yellow ****Green ****Black ****Clear ****Other

|  |  |  |
| --- | --- | --- |
| ****No | ****Yes | Do you perform monthly self-breast exams? |
| ****No | ****Yes | Have you ever had a mammogram?  If yes, When? Where? Was it: Normal Abnormal |
| ****No | ****Yes | Have you ever had breast cancer? |
| ****No | ****Yes | Have you ever had any breast biopsies? |
| ****No | ****Yes | History of radiation therapy?  If so when? For what condition? |
| ****No | ****Yes | Injury to your breast? If so when? |
| ****No | ****Yes | Do you have any pain/discomfort in your breast(s)?  If yes, describe: |

Reproductive History

Age of first period: \_\_\_\_\_\_\_\_\_ Date of last menstrual period:

Age of first childbirth: \_\_\_\_\_\_\_\_\_ Number of children: \_\_\_\_\_\_\_\_\_\_ Number of pregnancies: \_\_\_\_\_\_\_\_\_\_

Do you take birth control pills? ****No ****Yes Number of years: \_\_\_\_\_\_\_\_\_\_

Have you ever taken replacement hormones? ****No ****Yes, Name (Premarin, Provera, etc):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Number of years: \_\_\_\_\_\_\_\_\_

Menopause? ****No ****Yes Age:

Hysterectomy? ****No ****Yes Age: \_\_\_

Ovaries removed? ****No ****Yes Amount: \_\_\_

Family History of Breast Cancer

Please list yourself and relatives who have had breast cancer. ****Check if none

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Relative (Maternal/Paternal) |  | Age at diagnosis |  | One or both breasts |  | If living, age |  | Age at death |
|  |  |  |  |  |  |  |  |  |
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Family History of Other Cancers

Please list all relatives who have had cancers other than breast.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Relative (Maternal/Paternal) |  | Site of cancer |  | Age at diagnosis |  |
|  |  |  |  |  |  |
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