Patient Information Form

Today's date: __ __/__ __/__ __ __ __ (month/day/year)
Date of birth: __ __/__ __/__ __ __ __ (month/day/year)

(Consent)

1. Have you had any of the following breast changes in the last 3 months? *(check all that apply)*

	Both	Left	Right
Lump	☐	☐	☐
Nipple discharge	☐	☐	☐
Pain	☐	☐	☐
Other, describe:________________	☐	☐	☐

No changes ☐

2. When was your last mammogram?
Date: __ __ / __ __ __ __ (month/year)
☐ I never had a mammogram

3. Have you ever been diagnosed with breast cancer?
☐ No
☐ Left breast ☐ Right breast ☐ Both breasts

4. Have you had any of the following breast procedures? *(check all that apply)*

	Left	Right	Both
Fine needle or cyst aspiration	☐	☐	☐
Biopsy	☐	☐	☐
Lumpectomy (for breast cancer)	☐	☐	☐
Mastectomy	☐	☐	☐
Radiation therapy	☐	☐	☐
Breast reconstruction	☐	☐	☐
Breast reduction	☐	☐	☐
Breast implants (still present)	☐	☐	☐

I have not had any of the above procedures ☐

5. Have any blood relatives been diagnosed with breast cancer?
Mother: ☐ No ☐ Yes ☐ Not sure
Sister: ☐ No ☐ One ☐ 2 or more ☐ Not sure
Daughter ☐ No ☐ One ☐ 2 or more ☐ Not sure

IF YES: Were any diagnosed before age 50?
☐ No ☐ One ☐ 2 or more ☐ Not sure

6. Are you **currently** using any of the following:
☐No ☐Yes **Hormone Replacement Therapy** (including pills, patches or cream such as Premarin, Prempro, Combipatch, Premphase, Activella, FemHRT)
☐No ☐Yes **Tamoxifen** (also called Nolvadex, Istubal, Valodex)
☐No ☐Yes **Raloxifene** (also called Evista)
☐No ☐Yes **Aromatase Inhibitors** (such as Anastrazole/Arimidex or Letrozole/Femara or Exemestane/Aromasin)
☐No ☐Yes **Birth control hormones** (pills, patches, implants)

7. Have your menstrual periods stopped permanently? *(check one)*
☐ No
☐ Yes, natural menopause
☐ Yes, but have them now from taking hormones
☐ Yes, surgical procedure
☐ Yes, other reason
☐ Not sure

IF YES, age at last period: __ __ years old

8. Have you had an ovary removed? (choose one)
☐ No ovary removed
☐ Yes, one ovary removed
☐ Yes, both ovaries
☐ Yes, but don't know if one or both
☐ Not sure

9. Have you given birth?
☐ No ☐ Yes
IF YES: How old were you when your first child was born? __ __ years old

10. What is your current height? __ feet __ __ inches

11. What is your current weight? __ __ __ pounds

12. Are you of Hispanic, Spanish, or Latino origin?
☐ No ☐ Yes

13. What is your racial or ethnic background? *(check all that apply)*
☐ White
☐ Black or African American
☐ Asian
☐ Native Hawaiian or other Pacific Islander
☐ American Indian or Alaska Native
☐ Other, describe: ______________________

14. What is the highest level of education you have completed? *(check one)*
☐ Less than high school graduate
☐ High school graduate or GED
☐ Some college or technical school
☐ College or post-college graduate

Thank you for taking time to complete this questionnaire.