BREAST HEALTH HISTORY

Emerson Hospital
Premium Care. Personal Touch.
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Name: _____ DOB: _____

What is the reason for today's visit?

- ☐ Routine visit for clinical exam or mammogram
- ☐ Breast pain or discomfort Lt Rt
- ☐ Breast lump Lt Rt
- ☐ Abnormal mammogram Lt Rt
- ☐ Second opinion Lt Rt
- ☐ Treatment of breast cancer Lt Rt
- ☐ Consult regarding a breast tumor Lt Rt
- ☐ High risk for cancer in family Lt Rt
- ☐ Other _____

Should we send a report to your physician? _____ If yes, who? _____

Breast Health History

Have you ever had a mammogram? No Yes

When did you have your last mammogram_____ Where was is done?_____

Do you do self breast exam? No Yes

Do you have any of these symptoms? If yes, before, during or after your period?

Tenderness	No Yes	When_____	Which breast?	Lt	Rt
Swelling	No Yes	When_____	Which breast?	Lt	Rt
Nipple discharge	No Yes	When_____	Which breast?	Lt	Rt
Lump or mass	No Yes	When_____	Which breast?	Lt	Rt

Other:_____

Reproductive History

At what age did you start your menstrual period? _____

Date of last menstrual period? _____ If stopped, What age were you? _____

Have you had a hysterectomy? No Yes Were your ovaries removed? No Yes

How many times have you been pregnant? _____ How many children do you have? _____

How old were you when you had your first child? _____ Did you breast feed? No Yes

Have you ever taken birth control pills? No Yes Have you ever taken hormone replacement? No Yes

How long? _____ Age started: _____ How long? _____ Age started: _____

Family Breast History

Has anyone in your family had breast cancer? No Yes

If yes, please note at what age:_____

Mother _____ Maternal Aunt _____ Paternal Aunt_____

Daughter _____ Maternal Grandmother_____ Paternal Grandmother_____

Sister _____