HOUSTON Methodist BREAST CARE CENTER

Breast Center - Patient History Worksheet

Patient Name : _____

Home: _____

Cell: _____

Work: _____

Personal Risk Factors (Check all that apply)

☐ Breast Cancer Gene _____ at age
☐ Endometrial Cancer _____ at age
☐ Ovarian Cancer _____ at age
☐ Breast Cancer _____ at age
☐ Previous Chest Radiation Therapy _____ at age
☐ Previous Breast Biopsy-High-Risk Lesion _____ at age

Family History of Breast Cancer

☐ Mother _____ at age
☐ Sister(s) _____ at age
☐ Daughter(s) _____ at age

Breast Cancer History (Check all that apply)

☐ Mastectomy	R	L	Date(s) _____
☐ Lumpectomy	R	L	Date(s) _____
☐ Radiation Therapy	R	L	Date(s) _____
☐ Reconstruction	R	L	Date(s) _____

Gynecological History

Last Menstrual Cycle _____
Pregnant Y N
Breast Feeding Y N
Menopause Age _____
Hysterectomy age _____
Ovaries Removed Age _____

Benign Breast Surgery / Biopsy History (Check all that apply)

☐ Needle Core Biopsy	R	L	Date(s) _____
☐ Surgical Biopsy	R	L	Date(s) _____
☐ Cyst Aspiration	R	L	Date(s) _____
☐ Reduction	R	L	Date(s) _____
☐ Implants Type: _____			Date(s) _____

Currently Using Hormones? (Check all that apply & duration)

☐ Birth Control _____ yrs
☐ Estrogen _____ yrs
☐ Progesterone _____ yrs
☐ Tamoxifen _____ yrs
☐ Arimidex _____ yrs
☐ Raloxifene _____ yrs
☐ Other _____ yrs

Mammogram History

First Mammogram Y N Last Mammogram _____
Where? _____

Patient Breast Complaint/Reason for Exam: (Check all that apply)

☐ This is a routine (screening) exam. I am not having any breast problems.

☐ Abnormal screening mammogram			☐ Nipple problem	R	L	☐ Going to have breast reduction
☐ Short interval follow-up			☐ Lump under arm	R	L	☐ Going to have implants
☐ New Lump	R	L	☐ Skin changes to the breast	R	L	☐ Personal history of breast cancer
☐ Pain in breast	R	L	☐ Implant problem	R	L	☐ History of benign breast biopsy
☐ Nipple Discharge	R	L	☐ Difficult physical exam			☐ History of benign breast disease

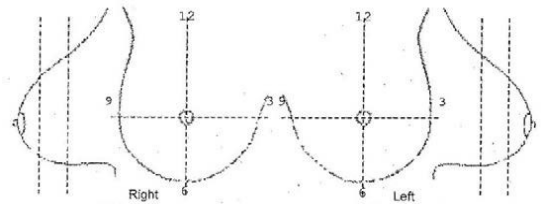
☐ Other _____

To the best of my knowledge, the above information is complete and correct:

Please sign: _____ Date: _____

Do not write below this line

Technologist comments: _____



Patient sticker