

## **BREAST QUESTIONNAIRE**

Name:		Date of birth:		Date:	
Reason for visit:					
PART 1: (patient)					
Internist/General Prac	ctitioner:				
OB/Gyn					
			ages):		
			When was your las		
			First period (age):		
				YES	NO
Do you take hormon	es/hirth cont	rol nills?		163	NO
Do you practice self-		•			
Did you ever have a breast biopsy?					
Have you ever had a			es?		
Have you ever had a	tenderness o	or lumps?			
Do you have a family age at diagnosis, dur	•		(relation to you,		
PART 2: (physicia	n)				
Mammogram Date	Positive	Negative	Comments		
Physical Exam:	RIGHT	LEFT			
Masses			7	) (	
Adenopathy					
Skin Changes			] /-		
Nipple Discharge				1 1	
Comments/Recomme	ndations:			$\odot$ $\bigg)$ $\bigg($ $\odot$	