SSN #: _ _ _ - _ _ - _ _ _ _ **Chart #:**_____

Doctor: _____

Date of Birth:_ _ / _ _ / _ _ **Date of Study:**_ _ / _ _ / _ _

Last Name:_____ **Age:**___ **Tech:**_____

First Name:_____ **M.I.**__ **Maiden**_____

Street Address:_____

City:_____ **State** _____ **Zip** _____

Daytime Phone: (_ _ _) - _ _ _ - _ _ _ _

County:_____

Ethnic Group: ❑ Black
❑ White
❑ Asian
❑ Native American
❑ Other

Of Hispanic Origin? ❑ No ❑ Yes

Highest Level of Schooling: ❑ less than high school
❑ high school grad
❑ some college

Previous mamogram? No Yes Date:_ _ / _ _ / _ _ Facility & Location: _____

Have any first degree relatives had breast cancer before age 50? ❑ No ❑ mother age at diagnosis__
❑ Don't Know ❑ sister age at diagnosis__
❑ daughter age at diagnosis__

Have you had breast cancer? ❑ No ❑ Right breast
❑ Don't Know ❑ Left breast
❑ Both breasts

Have you had a breast biopsy or surgery before? ❑ No ❑ Yes
(if yes, check all that apply)

	Left	Right	Both	Left Date	Right Date
Cyst Aspiration	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Surgical Biopsy	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Needle Biopsy	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Mastectomy	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Lumpectomy	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Implants	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Other_____	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _
Don't know the type	❑	❑	❑	_ _ / _ _ / _ _	_ _ / _ _ / _ _

Are you having problems with your breasts:
If yes, for how many months? _____

(If yes, please check the boxes below for each breast.)

	Left	Right	Both
Lump	❑	❑	❑
Discharge	❑	❑	❑ **Type of discharge:** _____
Other	❑	❑	❑ **Other, specify:** _____

Did you make your appointment because of these problems? ❑ No ❑ Yes
Are you taking either hormone replacement (HR) ❑ No ❑ Yes ❑ Don't Know Year Started? ___
or oral contraceptives (OC)? ❑ No ❑ Yes ❑ Don't Know Year Started? ___
Have you have had a hysterectomy? ❑ No ❑ Yes ❑ Don't Know If yes,date:____
Have both of your ovaries been removed? ❑ No ❑ Yes ❑ Don't Know

When was your last natural mentrual period (natural refers to the last period prior to menopause?_ _/_ _/_ _