TECH INITIALS__________

Breast Care Fact Sheet

In order to accurately determine your breast cancer risk and to determine if additional testing is indicated, please complete the following questionnaire.

Name____

Your current age is: ________ Are you of Ashkenazi-Jewish inheritance?________

At what age did you start your periods? ________ Height________ Weight________

How many children have you given birth to? ____________
How old were you when you had your first child? ____________

Personal History of Breast Cancer______________ Age______________

If you have had a breast biopsy, was it one of the following: atypia_____ atypical ductal hyperplasia_____ lobular ductal hyperplasia_____ lobular carcinoma in situ_____

Personal History of Ovarian Cancer? __________ What age?______________
Do you have relatives who have had Ovarian Cancer? __________________ age(s) ________

CIRCLE ONE :
Are you premenopausal?_____ perimenopausal_____, or postmenopausal?_____ At what age?_____
Have you had a Hysterectomy?______________ Ovaries Removed?______________

Do you have any relatives who have had **Breast Cancer?**

Mother ____________ Age ______	Daughter ____________ Age ______
Maternal Grandmother ________ Age ______	Paternal Grandmother ________ Age ______
Sister ____________ Age ______	Sister ____________ Age ______
Maternal Aunt ____________ Age ______	Nieces ___ Age ________ Cousins ________
Paternal Aunt ____________ Age ______	Male Relatives with BreastCancer ________

Are you taking HORMONE REPLACEMENT THERAPY? __________ How long?__________
Did you take HORMONE REPLACEMENT THERAPY in the past? ______________
How long did you take them? ______________________________
When did you stop taking HORMONE REPLACEMENT THERAPY?______________

Have you or any of your relatives had hereditary cancer testing (BRCA)?______________
What were the results of the testing?______________________________

Patient Signature______________________________________

For Office Use Only:

☐ **CANDIDATE Y/N** **ACCEPTED TESTING** ☐ **DECLINED TESTING** ☐