

PATIENT HISTORY FORM



Name: _____

MRN: _____

DOB: _____ Age _____

Menstrual History

Last menstrual period _____

Hysterectomy? _____

Currently taking hormones? _____

When was your last mammogram?

Where was your last mammogram?

- Premenopausal
Perimenopausal
Postmenopausal

Hysterectomy at age: _____

Menopause at age: _____

Breast feeding: _____

Could you be pregnant? _____

Current Symptoms (L = Left R= Right)

- L R
 Pain / Tenderness
 Lumps felt by patient / clinician
 Nipple discharge: clear or bloody
How long? _____
 Breast infection / abscess
Abnormal nipple? _____
Other _____
 None

Breast Cancer History

- L R
 Lumpectomy Year _____
 Mastectomy Year _____
 Radiation Therapy
Year completed _____
 Tram Flap Year _____
 None

Previous Breast Treatment

- L R
 Aspiration Year _____
Results: Negative Positive
 Biopsy Year _____
Results: Negative Positive
 Augmentation / Implants / Reduction
Year: _____

History of Breast Cancer

- | | Breast | Ovarian |
|--|-----------------------|-----------------------|
| <input type="radio"/> Mother age _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Sister age _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Daughter age _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Grandmother age _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Aunt age _____ | <input type="radio"/> | <input type="radio"/> |
| <input type="radio"/> Male members age _____
Relation _____ | | |
| <input type="radio"/> BRCA Gene Mutation 1 _____ 2 _____ | | |

Partners Staff Members Area

Patient visit date: _____

Disinfect Machine _____

Partners tech name: _____

Date: _____