

Personal & Family History Questionnaire

PATIENT INFORMATION

Last Name	First Name/Middle Initial	Gender	Race
Date of Birth (MM/DD/YYYY) / /	Age	Height	Weight

PERSONAL HISTORY

What was your age at the time of your first menstrual period? _____

Have you been pregnant before? YES NO

If yes, please provide your age at the delivery of your first child: _____

BREAST CANCER RISK ASSESSMENT

Instructions: Please check **Yes or No** to those that apply to **YOU and/or YOUR FAMILY** (on your mother or father's side) to the best of your knowledge. In the spaces provided, please list the relationship to you and the age of diagnosis.

Have you had breast cancer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do you have a family history of breast cancer in your mother, daughter, or sister(s)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Has your father or brother had breast cancer?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Have you or any blood relative tested positive for BRCA1 or BRCA2 genetic mutations?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Did YOU have radiation treatments to the chest between the ages of 10 and 30 for treatment of cancer such as lymphoma?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do YOU have a history of atypical lobular hyperplasia, atypical ductal hyperplasia, or lobular carcinoma in situ?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do you have a family history of breast cancer in other relatives such as grandmothers or aunts (please specify paternal or maternal)?	<input type="checkbox"/> YES <input type="checkbox"/> NO	Relationship(s) to you:	Age(s) at Diagnosis:

TECHNOLOGIST COMMENTS

PATIENT SIGNATURE _____

DATE _____

TECHNOLOGIST SIGNATURE _____

DATE _____