

PATIENT NAME: _____ DOB: _____

TODAY'S DATE: _____

REASON FOR TODAY'S VISIT: REGULAR EXAM NEW PROBLEM

IF YOU ARE HERE FOR A NEW PROBLEM PLEASE EXPLAIN: _____

HAVE YOU HAD A RECENT: BREAST SURGERY OR BIOPSY

PLEASE EXPLAIN: _____

DATE OF YOUR LAST MAMMOGRAM: _____

DATE OF YOUR LAST BREAST ULTRASOUND: _____

HAS ANYONE IN YOUR FAMILY BEEN DIAGNOSED WITH BREAST CANCER OR OVARIAN?

YES NO IF YES, WHO? _____

DO YOU CONSUME:

CAFFEINATED BEVERAGES YES NO HOW MUCH PER WEEK? _____

CHOCOLATE YES NO HOW MUCH PER WEEK? _____

ARE YOU TAKING:

BIRTH CONTROL PILLS TAMOXIFEN FEMERA

NORPLANT ARIMEDEX EVISTA

HORMONE REPLACEMENT THERAPY AROMASIN

PLEASE LIST ALL OTHER MEDICATIONS YOU ARE TAKING CURRENTLY: _____

IS THERE ANY ADDITIONAL INFORMATION YOU THINK WE SHOULD KNOW? _____
