# Northwest Georgia Surgical Specialists, PC

## *BREAST QUESTIONNAIRE*

PATIENT NAME: _____ SSN #: _____ TODAY'S DATE _____

### PREGNANCY:

Age of first pregnancy: _____ Did you breast feed? ☐ Yes ☐ No

Number of living children: _____

### MENSTRUAL PERIODS:

Age of your first menstrual period: _____ Are your periods regular? ☐ Yes ☐ No

Date last period began: _____ Age at Menopause? _____

Do you have difficulties with your periods? ☐ Yes ☐ No

### FAMILY HISTORY:

Has anyone in your family had breast cancer? ☐ Yes ☐ No

If so, who had breast cancer? _____ At what age did they have breast cancer? _____

Has anyone in your family had ovarian cancer? ☐ Yes ☐ No

If so, who had ovarian cancer? _____ At what age did they have ovarian cancer? _____

### BIRTH CONTROL

Have you ever taken birth control pills? ☐ Yes ☐ No When and for how long? _____

### HORMONE THERAPY:

Have you ever taken hormones)? ☐ Yes ☐ No What drug? _____

*(e.g. Premarin / Prempro)* When and for how long? _____

### TESTS:

Do you perform self breast exams? ☐ Yes ☐ No

When and where was your last mammogram? _____

When and where was your last pap smear? _____

### CURRENT PROBLEM:

| **Current Problem** | **Yes** | No | **When did you first notice?** |
|---|---|---|---|
| Lump you can feel | ☐ | ☐ | _____ |
| Pain | ☐ | ☐ | _____ |
| Nipple Discharge | ☐ | ☐ | _____ |
| Breast Trauma | ☐ | ☐ | _____ |
| Abnormal Mammogram | ☐ | ☐ | _____ |
| Other | ☐ | ☐ | _____ |

I certify that, to the best of my knowledge, the above information is complete and accurate.

Patient's Signature: _____

Today's Date: _____