## **BREAST HEALTH HISTORY**



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lame: _					DOB:			
What i	s the reason for today's visit?							
	Breast pain or discomfort		Lt	Rt	☐ Treatment of breast cancer Lt	Rt		
	Breast lump		Lt	Rt	☐ Consult regarding a breast tumor Lt	Rt		
	Abnormal mammogram		Lt	Rt	☐ High risk for cancer in family Lt	Rt		
	Second opinion		Lt	Rt	Other			
Should we send a report to your physician?			If yes, who?					
Breast	Health History							
What is your bra size?				What is your ancestry?				
Do you	do self-breast exams?	No	Yes					
Do you	have any of these symptoms? If ye	es, before	e, during o	r after	your period?			
	Tenderness	No	Yes	Whe	n Which breast? Lt	Rt		
	Swelling	No	Yes	Whe	n Which breast? Lt	Rt		
	Nipple discharge No Yes		Yes	Whe	n Which breast? Lt	Rt		
	Lump or mass	No	Yes	Whe	n Which breast? Lt	Rt		
	Other:							
Repro	ductive History							
At wha	t age did you start your menstrual	period?_						
Date of last menstrual period?					If stopped, what age were you?			
Have y	you had a hysterectomy? No Yes		Yes		Were your ovaries removed? No	Yes		
How many times have you been pregnant?					How many children do you have?			
How old were you when you had your first child?				Did you breast feed?	Yes			
Have you ever taken birth control pills? No			Yes	Have you ever taken hormone replacement? No	Yes			
Нс	ow long? Age started:				How long? Age started:			
Family	Breast History							
Has an	yone in your family had breast can	cer? No	Yes					
If yes, p	olease note at what age:							
				Paternal Aunt				
Daught	ughter Maternal Grandr				mother Paternal Grandmother			
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