

Breast Cancer Diagnosis and Screening Interview Sheet

name : _____ age : _____ date of birth : _____ / _____ / _____

Please fill out this form to help us understand your medical condition and history.

1. What is the reason for your visit today?

- I feel an abnormality in my breast. / Something is wrong with my breast.
- a lump (left breast / right breast From when? _____)
 - pain (left / right From when? _____)
 - discharge / secretion from my nipple
(Color : red , brown , clear yellow , milky white)
(left / right From when? _____)
 - skin problem / aproblem with the nipple
(pulling feeling inside , sore / inflamed , change of color)
- I was told to take a thorough exiamintion after my checkup for breast cancer.
- I would like a second opinion.
- Other reason:

2. Please tell us about your pregnancies and childbirth.

- Are you pregnant? (Yes,I am _____ months pregunant. / No, I am notpregnant.)
- How many times have you? A) been pregnant _____ times. B) given birth _____ times.
- Are you breastfeeding?
(No / Yes → How old is your child? _____)

3. Have you ever had breast or ovarian disease?

(No / Yes → What kind of disease? _____)

4. Have you ever had any disease below,or are you taking treatment for them?

- diabetes • heart disease • brain vessel disease • asthma
- liver problems • kidney problems • higt blood pressure
- cancer →What kind of cancer?

5. Do you have a family history of breast cancer or ovarian cancer? (close family or relatives)

(No / Yes → If you know, at what age and who?)

6. Do you have breast implants, or have you ever had mammoplasty on your breast?

(No / Yes → What kind of surgery,and when?)

7. Is there anything eles you would like to speak to the doctor about?