

BREAST HEALTH HISTORY



Elizaveta Ragulin Coyne, MD
Christopher Schlieve, MD
Suzanne Roberts, NP
Emerson Health Surgery
131 Old Road to Nine Acre Corner
Emerson Hospital Medical Office Building, Suite 500
Concord, MA 01742
(978) 287-3547

Name: _____

DOB: _____

What is the reason for today's visit? _____

- | | | | | | |
|--|----|----|---|----|----|
| <input type="checkbox"/> Breast pain or discomfort | Lt | Rt | <input type="checkbox"/> Treatment of breast cancer | Lt | Rt |
| <input type="checkbox"/> Breast lump | Lt | Rt | <input type="checkbox"/> Consult regarding a breast tumor | Lt | Rt |
| <input type="checkbox"/> Abnormal mammogram | Lt | Rt | <input type="checkbox"/> High risk for cancer in family | Lt | Rt |
| <input type="checkbox"/> 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 yes, before, during or after your period?

Tenderness	No	Yes	When _____	Which breast?	Lt	Rt
Swelling	No	Yes	When _____	Which breast?	Lt	Rt
Nipple discharge	No	Yes	When _____	Which breast?	Lt	Rt
Lump or mass	No	Yes	When _____	Which breast?	Lt	Rt

Other: _____

Reproductive History

At what age did you start your menstrual period? _____

Date of last menstrual period? _____ If stopped, what age were you? _____

Have you had a hysterectomy? No 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? No Yes

Have you ever taken birth control pills? No Yes Have you ever taken hormone replacement? No Yes

How long? _____ Age started: _____ How long? _____ Age started: _____

Family Breast History

Has anyone in your family had breast cancer? No Yes

If yes, please note at what age: _____

Mother _____ Maternal Aunt _____ Paternal Aunt _____

Daughter _____ Maternal Grandmother _____ Paternal Grandmother _____

Sister _____ other _____