USE PATIENT PLATE

University of California, Davis Medical Center
Breast Health History

Date of Exam
AGE

HAVE YOU HAD A MAMMOGRAM BEFORE?
If yes, where was it done? How long ago?

DO YOU HAVE ANY MEDICAL PROBLEMS WITH YOUR BREAST?
If yes, please explain

DO YOU OR YOUR DOCTOR FEEL A LUMP IN YOUR BREAST?
If yes, where? How long has it been there?

DO YOU HAVE BREAST IMPLANTS?
If yes, when was your surgery

DO YOU HAVE A HISTORY OF BREAST CANCER?
If yes, did you have Radiation Therapy? Or Chemotherapy?

HAVE YOU HAD PREVIOUS BREAST SURGERY OR BIOPSY?
Explain what was done. When was it done? What was found? (year)

HAS AN IMMEDIATE RELATIVE HAD BREAST CANCER? (mother, sister, daughter)
If yes, how old was she when the cancer was found?

ARE YOU STILL HAVING MENSTRUAL PERIODS?
When was your last period?

DO YOU TAKE HORMONES?
If yes, what type? How long

IS THERE ANY OTHER INFORMATION THAT WOULD BE HELPFUL FOR US TO KNOW?

RIGHT

LEFT