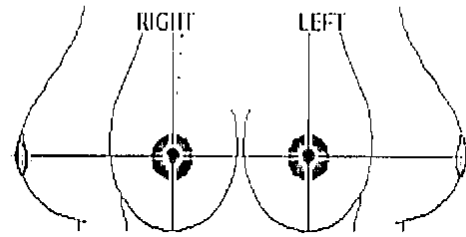


Patient Label

Current complaints/symptoms: Pain and/or soreness Lump (Please circle: new or enlarging)
 Discharge from nipple Other: _____

- Reason for Exam:
- Screening
 - Clinical Finding
 - Palpable area
 - Nipple discharge
 - Pain
 - Other
 - Add'l Eval from prior study
 - Short interval followup

Physical Findings:



Hormone History: Currently Using? No Yes If Yes, how long?

	Age @ First Use	Duration of Use	Age @ Last Use
Hormonal Contraceptives			
Estrogen			
Progesterone			
Tamoxifen			
Raloxifene			
Armidex			
Other Hormones			

Menstrual History: Currently Pregnant? No Yes Date of Last Menstrual Period: _____
 Age when periods started: _____ Age at first full term pregnancy: _____/# of live births: _____
 Age at menopause: _____ Age at hysterectomy: _____
 Age at right ovary removal: _____ Age at left ovary removal: _____
 Menstrual cycle phase, if applicable: ___1st week after ___2nd week after ___3rd week after ___Presently in cycle

History of Previous Breast Procedures (breast reduction, cyst aspiration, core biopsy, excisional biopsy, implants, implant removal, lumpectomy, mastectomy, radiation therapy to the breast, reconstruction, other type of biopsy):

Procedure	Side	Date Performed	Outcome

Personal history of cancer? Yes No (Please circle: breast, endometrial (uterus), ovarian, colon)
 Age at diagnosis: _____

Risk Factors: Is there a family history of breast cancer? Yes No Age at diagnosis: _____
 Aunt, grandmother, cousin Mother Sister Daughter