

100 Health Park Drive  
Louisville, CO 80027

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ (Incl. City, State, Zip)

Daytime Phone: (\_\_\_\_) \_\_\_\_\_ Referring Physician: \_\_\_\_\_

**MAMMOGRAPHY HISTORY QUESTIONNAIRE**

Previous Mammogram?  yes  no Date: \_\_\_\_\_ Facility: \_\_\_\_\_

Monthly breast self-exams performed?  yes  no Current hormone therapy?  yes  no

Current hormone medications: \_\_\_\_\_

Have you had breast reduction?  yes  no Date: \_\_\_\_\_ Do you have implants?  yes  no Date: \_\_\_\_\_

Other Meds (cont.): \_\_\_\_\_

Current breast symptoms: \_\_\_\_\_

**MEDICAL HISTORY:**

History of breast cancer?  yes  no Previous breast treatments/surgery?  yes  no

Radiation therapy?  yes  no Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Chemotherapy?  yes  no Date: \_\_\_\_\_ Duration: \_\_\_\_\_

Cyst Aspiration?  yes  no Date: \_\_\_\_\_ Which breast?  left  right

Fine Needle Biopsy?  yes  no Date: \_\_\_\_\_ Which breast?  left  right

Surgical Biopsy?  yes  no Date: \_\_\_\_\_ Which breast?  left  right

Mastectomy?  yes  no Date: \_\_\_\_\_ Which breast?  left  right

Lumpectomy?  yes  no Date: \_\_\_\_\_ Which breast?  left  right

History of other cancer?  yes  no

Uterine?  yes  no Date diagnosed: \_\_\_\_\_

Ovarian?  yes  no Date diagnosed: \_\_\_\_\_

Other?  yes  no Date diagnosed: \_\_\_\_\_ Type: \_\_\_\_\_

**MENSTRUAL HISTORY:**

Are you currently pregnant?  yes  no  don't know

Age at first period: \_\_\_\_\_ Last menstrual period: \_\_\_\_\_

Have you ever been pregnant?  yes  no Age at first full-term pregnancy: \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_ Number of live births: \_\_\_\_\_

Hysterectomy?  yes  no Age: \_\_\_\_\_

Ovaries removed?  yes  no Age: \_\_\_\_\_

Menopause?  yes  no Age: \_\_\_\_\_

**FAMILY HISTORY:**

Family history of breast cancer?  yes  no

Mother:  yes  no Age at diagnosis: \_\_\_\_\_

Sister:  yes  no Age at diagnosis: \_\_\_\_\_

Daughter:  yes  no Age at diagnosis: \_\_\_\_\_

Maternal Grandmother:  yes  no Age at diagnosis: \_\_\_\_\_