



CHPG Breast Surgical Care @
St. Anthony Hospital
 11700 W 2nd Place, Medical Plaza 2, Suite 210
 Lakewood, CO 80228

CHPG Breast Surgical Care @
Colorado Breast Center at Porter Hospital
 2555 S. Downing St. Ste. 140
 Denver, CO 80210

Breast Health

Patient Name: _____ Date: _____

Reason for Visit _____

Age at Menarche (started having periods): _____

Age at Menopause (stopped having periods): _____

Do you currently take some type of Estrogen Replacement (HRT) YES / NO

If YES, what? _____ And for how long? _____

If NO, were you previously taking HRT? YES / NO

Have you used BCP's YES / NO How long? _____

Do you take Fertility Medications? YES / NO

Age of First Pregnancy: _____

Number of Times Pregnant: _____ Number of Children: _____

Did you: Breast Feed Bottle Feed Both

If bottle fed, choice or unable to breast feed: _____

History of Mastitis (Infection in the Breast): YES / NO

Family History of Breast Cancer: YES / NO

If "YES" relationship of person(s) to you: _____

Their age at the time of their diagnosis (if known): _____

History of Previous Breast Biopsies: YES / NO

Number of Previous Biopsies: _____ Results of Biopsy (if known): _____

History of Nipple Discharge: YES / NO

If "YES" which side: RIGHT LEFT BOTH

Is Nipple Discharge Bloody in Character? YES / NO

Do you perform self-breast exam on a routine bases? YES / NO

Date of Last Mammogram: _____

If you are older than 50, have you had a colonoscopy? YES / NO Date _____

Do you have significant breast pain? YES / NO

Is it related to your periods? YES / NO

Do you smoke? YES / NO

Do you drink or eat caffeine products? YES / NO

Do you take Vitamin E? YES / NO

Do you take any Herbal Products? YES / NO

If "YES" what products? _____