Montclair Breast Center

ESTABLISHED PATIENT QUESTIONNAIRE

37 North Fullerton Avenue, Montclair, NJ 07042
973.509.1818 / 973.509.0532 fax
montclairbreastcenter.com

Name: _____ Date: _____

DOB: _____ Date/Year of last menstrual period: _____

Reason for exam today: _____

Have you had a previous mammogram: Yes No Where? _____When?_____

Height: _____ Weight: _____ Any changes (up or down? how much?) _____

Ethnicity: Mother: _____ Father: _____ Are you of Ashkenazi descent? Yes No

Age at first period: _____ Age at first live birth: _____ Age at menopause: _____ Bra Size: _____

Are you currently pregnant? Or is there any possibility that you are pregnant: Yes No

CURRENT BREAST CONCERNS: Please describe and give location:

How many Breast Biopsies or Breast Surgeries have you had? _____ Any Atypia? Yes No

Aware of any new lumps today? Yes No Rt _____ Lt _____ How Long _____

Recent breast pain or soreness: Yes No Rt _____ Lt _____ How Long _____

Discharge from nipple: Color?_____ Yes No Rt _____ Lt _____ How Long _____

Any recent breast trauma? Yes No Rt _____ Lt _____ How Long _____

Skin changes/thickening? Yes No Rt _____ Lt _____ If Yes, describe:_____

Other problems/concerns? Yes No Rt _____ Lt _____ Explain _____

Personal history of diabetes: Yes No

Are you taking hormones/estrogen? Yes No Started_____ Stopped _____

Please list any medication you are currently taking: _____

Please state any known drug allergies: _____

Do you currently smoke? Yes No If Yes, how much and for how long? _____

Are you a former smoker? Yes No If Yes, for how long and when did you quit?_____

Any family history of cancer? Yes No If Yes, who, type and age of diagnosis? _____

Breast: _____

Ovarian: _____

Other: _____

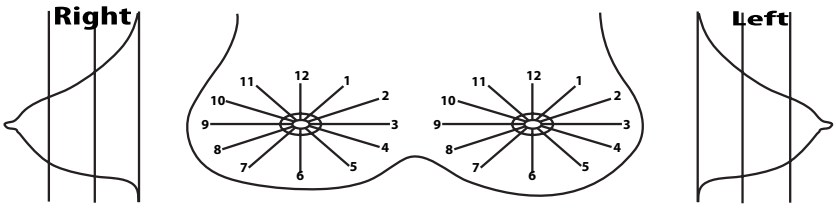
Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis:_____

_____

_____

I understand that early detection of breast cancer is a 3 part process: mammography, self breast exam, and annual physical breast exam by my healthcare provider.

Patient's Signature: _____**Date:**_____



Technologist: Make note and chart all masses, moles, and scars.

Technologist Signature:_____**Date:**_____