

Technologist Signature:_____

ESTABLISHED PATIENT QUESTIONNAIRE

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montclairbreastcenter.com

Reason for exam today:	Name:				Date: _		
Height:	DOB:			Date/Year of last menstrual period:			
Height:	Reason for exam today:						
Ethnicity: Mother:	Have you had a previous mammogram:	Yes	No		Where	?	When?
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 Breast Breast pain or soreness: Yes No Rt Lt How Long Breast Breast pain or soreness: Yes No Rt Lt How Long Breast Problems (Color? Yes No Rt Lt How Long Breast Problems/concerns? Yes No Rt Lt How Long Breast Problems/concerns? Yes No Rt Lt Explain Breast Brea	Height: Weight: _				Any changes (up or dow		n? how much?)
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?							
CURRENT BREAST CONCERNS: Please describe and give location: How many Breast Biopsies or Breast Surgeries have you had?	Age at first period: Age at	first live b	oirth:		Age at r	menopause:	Bra Size:
How many Breast Biopsies or Breast Surgeries have you had?	Are you currently pregnant? Or is there	any possi	bility tha	at you a	re pregna	ant: Yes No	
How many Breast Biopsies or Breast Surgeries have you had?	CURRENT BREAST CONCERNS: Please	describe	and giv	e locatio	n.		
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 How Long Skin changes/thickening? Yes No Rt Lt Explain Personal history of diabetes: Yes No Rt Lt Explain Stapped 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, who, type and age of diagnosis? Pleaset: Ovarian: Other: Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: Date of last pap smear: Date of last colonoscopy? Results?			_				Any Atypia? Yes No
Recent breast pain or soreness: Yes No Rt Lt How Long			-				
Discharge from nipple: Color?							
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							
Are you taking hormones/estrogen? Yes No Started	•			Κί	Ll	Explain	
Please list any medication you are currently taking:	•			Curri	.1		Character
Please state any known drug allergies: Do you currently smoke? Yes No If Yes, how much and for how long? 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: Date of last pap smear: Date of last colonoscopy? Results?							
Do you currently smoke? Yes No If Yes, how much and for how long? 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? Dother: Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: Date of last pap smear: Date of last colonoscopy? Results?							
Are you a former smoker? Any family history of cancer? Breast: Ovarian: Personal history of any cancer? Yes No If Yes, for how long and when did you quit? Yes No If Yes, who, type and age of diagnosis? Other: Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: Date of last pap smear: Date of last colonoscopy? Results?				1637			
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: Date of last pap smear: Date of last colonoscopy? Results?						be and age of dia	gnosis?
Other: Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: Date of last pap smear: Date of last colonoscopy? Results?	Breast:						
Personal history of any cancer? Yes No If Yes, indicate type and age of diagnosis: Date of last pap smear: Date of last colonoscopy? Results?							
Date of last pap smear: Date of last colonoscopy? Results?	Other:						
Date of last colonoscopy? Results?	Personal history of any cancer?	Yes	No	If Yes	indicate	type and age of	diagnosis:
Date of last colonoscopy? Results?							
.,		Res	ults?				
Lust Dute.	' *						
	i iu silot:	Lasi	Date				
	I understand that early detection of b	reast car	icer is a	3 part	process:	mammography,	self breast exam, and annual
	physical breast exam by my healthcar	e provide	er.				
	Patient's Signature:				D	ate:	
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:	Right					L	eft
physical breast exam by my healthcare provider. Patient's Signature:Date:		9	12 1	2 10 3 9_ 4 8	11 12	1 2 3 5 4	
Patient's Signature: Date:	Technologist: Make note and chart all i	masses, r	noles, a	nd scar	5.		

_Date:___