Montclair Breast Center
Expertise · Experience · Compassion

FOLLOW-UP QUESTIONNAIRE

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

Name: _____ DOB: _____/_____/_____ Today's date: _____/_____/_____
Height: _____ Weight: _____ Any changes (up or down? how much?) _____
Bra Size: _____ Are you of Ashkenazi descent? Yes No

Health history can change within a year. Please read each question and circle your answers below.

Reason for today's visit? Routine Screening Problem If problem, please explain: _____

_____

_____

Is there a chance of pregnancy?	Yes	No	**LAST MENSTRUAL PERIOD: _____/_____/_____**
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 _____
History of reduction or lift?	Yes	No	Rt _____ Lt _____ How long since procedure?_____
Are you taking hormones/estrogen?	Yes	No	Started_____ Stopped _____
Personal history of diabetes:	Yes	No	How long since diagnosis? _____
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?_____

Please list any medication you are currently taking: _____
Please state any known drug allergies: _____

If your answers to the questions below are yes, please explain who, what type of cancer and the age at their diagnosis.

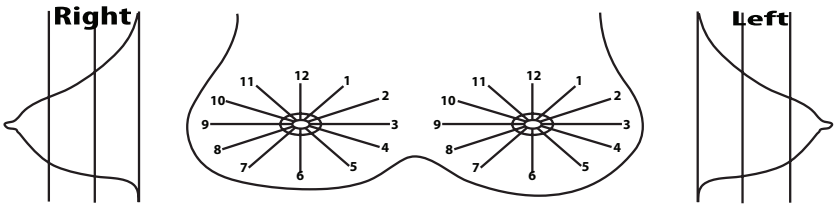
Any family history of breast cancer?	Yes	No	If Yes, explain: _____
Any family history of ovarian cancer?	Yes	No	If Yes, explain: _____
Any other family history of cancer?	Yes	No	If Yes, explain: _____
Any personal history of Atypia cell or pre-cancer?	Yes	No	If Yes, explain: _____
Personal history of any cancer?	Yes	No	If Yes, explain: _____

_____

_____

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:** _____