

Marc Mandel, M.D., F.A.C.S.

Breast History

Name: _____

Date: _____

Reason for Visit: _____

(Male patients, skip Questions 1-4, 8, 10.)

1. Are you Pregnant? _____ Date of last period: _____

2. How old were you for your first period? _____

3. Have you been through menopause? _____ Age: _____

4. Are you on Hormone replacement therapy? _____ How long? _____

5. When was your last mammogram? _____

If yes, where? _____

6. Has anyone in your family ever had breast cancer? _____

If yes, relationship: _____

7. Has anyone in your family ever had ovarian cancer? _____

If yes, relationship: _____

8. How many children? _____ Age you had your first child: _____

9. Have you had Genetic Testing? _____ When? _____ Where? _____

Results? _____

10. What is your bra/cup size? _____

11. Please Check all that apply:

Right Breast

Left Breast

When

	Right Breast	Left Breast	When
Breast Cancer			
Breast Biopsy			
Breast Aspirations			
Lumpectomy			
Mastectomy			
Breast Implants			
Breast Reduction			
Breast lump			
Change in Color			
Breast Discharge			
Pain in Breast			
Radiation			