

## Breast Patient History Form

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Reason for today's visit: \_\_\_\_\_

How old were you at the onset of your first menstrual period? \_\_\_\_\_

How old were you when you had your last menstrual period? \_\_\_\_\_

or What was the date of menopause? \_\_\_\_\_

or What was the date of your hysterectomy? \_\_\_\_\_

Were ovaries removed?  Yes  No

Have you ever taken contraceptives?

Yes  No

Name of drug: \_\_\_\_\_

How long did you take it? \_\_\_\_\_

Have you ever taken fertility medications?

Yes  No

Name of drug: \_\_\_\_\_

How long did you take it? \_\_\_\_\_

Have you ever taken Hormone Replacement Therapy?

Yes  No

Name of drug: \_\_\_\_\_

How long did you take it? \_\_\_\_\_

Do you have children?  Yes  No If yes, how many? \_\_\_\_\_

Number of pregnancies: \_\_\_\_\_ Age at first pregnancy \_\_\_\_\_

Did you breastfeed?  Yes  No For how long? \_\_\_\_\_

Have you or anyone in your family ever had breast cancer?  Yes  No

Relationship: \_\_\_\_\_ Age: \_\_\_\_\_

Have you ever had breast problems or surgery?  Yes  No

If yes, please explain: \_\_\_\_\_

Date of last mammogram: \_\_\_\_\_

Facility/Location: \_\_\_\_\_

**Attention:** Each WakeMed Physician Practices patient is responsible for bringing her own mammogram/ultrasound films with her to her appointment. Please call the radiology facility where the films are located at least 72 hours in advance so that the films will be ready upon your arrival. We strongly recommend that you pick the films up yourself, since they cannot be copied if lost in transit. Exception: If you are a WakeMed patient, your films will be obtained by our office.

Patient Label  
placed here

**WakeMed Physician Practices**  
**Breast Patient History**