

PORTLAND SURGEONS

FEMALE HEALTH HISTORY

1. Have you ever been previously diagnosed with a breast mass, lump, cyst, or abscess?

If yes: What was the location? Right, left, or both _____

Did you have a breast biopsy or other breast surgery? _____

What was the diagnosis? (If known) _____

Have you had previous breast surgery? (Biopsy, cyst drainage, abscess drainage, mastectomy, breast implants, breast reduction) _____

2. Have you previously been diagnosed with breast cancer? Give month and year of diagnosis:

If yes: Did you have surgery? _____ Diagnosis and dates _____

Did you have radiation? _____ Dates of treatments? _____

Did you have chemotherapy? _____ Dates of treatments? _____

Were you given hormone therapy? (Tamoxifen, Arimidex, Anastrozole) _____

3. Have you ever experienced any of the following?

☐ Breast pain; right, left, or both _____

☐ Nipple discharge; right, left, or both? _____

Was the fluid bloody? _____

Was it spontaneous? (No pressure on the breast or nipple) _____

Does the drainage only appear with pressure? _____

How often does it appear? _____

Is it associated with your menstrual cycle? _____

☐ Retraction of nipples? _____

4. Have you had a prior mammogram? Please give month, year, and location:

5. Do you have a family history of breast cancer? Please state which relative:

6. Any current or past use of hormone replacement therapy? _____

7. First day of your last menstrual cycle: _____

8. Age at first menstrual cycle: _____

9. Number of pregnancies: _____

Age at the time of each pregnancy: _____

Number of deliveries: _____

Name: _____ Date: _____