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Specific Women's History

Pregnancies _____ # of Live births _____ Age at 1st delivery _____

Age at time of 1st period _____ Date of last period _____

If you have or have had any of the following please check and describe:

	Yes	No	Comments
Estrogen/Birth Control Pills	()	()	_____
Fertility Meds	()	()	_____
Regular Periods	()	()	_____
Menopause	()	()	_____
Complications during birth	()	()	_____
Fibrocystic breasts	()	()	_____
Breast Lump	()	()	_____
Nipple discharge	()	()	_____
Pain in breast	()	()	_____
Did you breast feed?	()	()	_____
Family history of breast cancer	()	()	Who: _____
			When/Where/Results
Recent Mammogram	()	()	_____
Breast Ultrasound	()	()	_____
Breast MRI	()	()	_____
Breast Biopsy	()	()	R L Date _____
Breast Cancer Diagnosis	()	()	R L Date _____
Lumpectomy	()	()	R L Date _____
Mastectomy	()	()	R L Date _____
Radiation Treatment	()	()	Dates: _____
Chemotherapy Treatment	()	()	Dates: _____

Breast Surgeon's Name/Address _____

Oncologist's Name/Address _____