

PMG GENERAL SURGERY

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BREAST QUESTIONNAIRE

NAME _____ DOB _____ DATE _____

REASON FOR VISIT _____

OB/GYN: _____ Last Menstrual Cycle _____ Age of First Period
_____ Number of Pregnancies _____ Age at first delivery _____ Number of Births
_____ Did you Breast Feed? _____ Age at Menopause

Previous Mammograms and Ultrasounds (begin with most recent) Date/Location

Hormone Replacement Therapy? Medication/Dosage/Duration

Previous Breast Surgery? (Begin with most recent) Date/Location/Surgeon

Cyst Aspiration? When/Where: _____

Family history of Breast Cancer: (please include age of diagnosis)

Mother _____ Daughter _____ Sister _____ Grandmother _____ Aunt _____

Other family member? (Please specify Maternal or Paternal) _____

Family History of Ovarian Cancer? _____

Nipple Discharge? _____ Nipple Pulled in? _____ Breast Skin Pulled in? _____