

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

Name: _____

Date: _____

Reason for Visit: _____

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

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 have BRCA Testing? _____ When? _____ Where? _____
10. Please Check all that apply:

	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			