

## Excela Health Breast Center

Name \_\_\_\_\_

Is there a chance of pregnancy? NO / YES

Date of last menstrual period \_\_\_\_\_

Age of first menstrual period \_\_\_\_\_ Age at menopause \_\_\_\_\_ Perimenopausal \_\_\_\_\_

First full-term pregnancy at age \_\_\_\_\_ Number of full-term pregnancies \_\_\_\_\_

Did you breast feed? NO / YES

Have you had a hysterectomy? NO / YES If yes at what age? \_\_\_\_\_

Did you have your ovaries removed? Both Right Left At what age or ages? \_\_\_\_\_

Do you have a history of ovarian cancer? NO / YES If yes age at diagnosis \_\_\_\_\_

Have you had radiation therapy to your chest **to treat a cancer other than breast cancer**? NO / YES.

Do you have a history of breast cancer? NO / YES If yes age at diagnosis \_\_\_\_\_

Did you have a \_\_\_\_\_ lumpectomy or \_\_\_\_\_ mastectomy?

If you have a history of breast cancer did you have radiation therapy? NO / YES

If you have a history of breast cancer did you have chemotherapy? NO / YES

Have you had any breast surgery, biopsies or aspirations? NO / YES If yes please list on the back of this sheet.

If you have had prior breast biopsies were the biopsies atypical or high risk or benign?

If you were genetically tested for the breast cancer gene list test and outcome.

Are you of Ashkenazi Jewish decent? NO / YES

Height \_\_\_\_\_ Weight \_\_\_\_\_

Have you ever smoked? NO / YES Current smoker for \_\_\_\_\_ years

Former smoker for \_\_\_\_\_ years Occasional smoker for \_\_\_\_\_ years

**Have you ever or are you currently using hormones including hormonal contraception?**

|                         | Age at first use | Age at last use | Total years used | Currently using |
|-------------------------|------------------|-----------------|------------------|-----------------|
| Hormonal Contraceptives |                  |                 |                  |                 |
| Progesterone            |                  |                 |                  |                 |
| Raloxifine/Evista       |                  |                 |                  |                 |
| Estrogen                |                  |                 |                  |                 |
| Tamoxfin                |                  |                 |                  |                 |

Does your Mother have a history of breast cancer? NO / YES If yes at what age? \_\_\_\_\_

Was she tested for the breast cancer gene? NO / YES

If yes what was the outcome? \_\_\_\_\_

# Excela Health Mammography Family History Sheet

In order to establish your breast cancer risk assessment please list the following relatives.

List relatives even if they have no history of breast or ovarian cancer or are deceased.

List only your blood relatives.

## Your Maternal Aunts & Uncles (Mother's siblings)

|   | *First and last initials of five Aunts and Uncles *Specify aunt or uncle *Do not list half siblings of your mother | If family member has a history of breast cancer enter age | If family member has a history of ovarian cancer enter age | If genetically tested for breast cancer gene enter test and outcome |
|---|--|---|--|---|
| 1 | Aunt Uncle   |   |  |   |
| 2 | Aunt Uncle   |   |  |   |
| 3 | Aunt Uncle   |   |  |   |
| 4 | Aunt Uncle   |   |  |   |
| 5 | Aunt Uncle   |   |  |   |

## Your Maternal Female Cousins

|   | *First and last initials of five female cousins. | Specify the parent listed above next to cousin's initials | If family member has a history of breast cancer enter age | If family member has a history of ovarian cancer enter age | If genetically tested for breast cancer gene enter test and outcome |
|---|--|---|---|--|---|
| 1 |  |   |   |  |   |
| 2 |  |   |   |  |   |
| 3 |  |   |   |  |   |
| 4 |  |   |   |  |   |
| 5 |  |   |   |  |   |

### Your Paternal Aunts & Uncles (Father's siblings)

| *First and last initials of five Aunts and Uncles *Specify aunt or uncle *Do not list half siblings of your father | If this family member has a history of breast cancer enter age | If this family member has a history of ovarian cancer enter age | If genetically tested for breast cancer gene enter test and outcome |
|--|--|---|---|
| 1 Aunt Uncle   |  |   |   |
| 2 Aunt Uncle   |  |   |   |
| 3 Aunt Uncle   |  |   |   |
| 4 Aunt Uncle   |  |   |   |
| 5 Aunt Uncle   |  |   |   |

### Your Paternal Female Cousins

| *First and last initials of five female cousins | Specify the parent listed above (Daughter of) | If this family member has a history of breast cancer enter age | If this family member has a history of ovarian cancer enter age | If genetically tested for breast cancer gene enter test and outcome |
|---|---|--|---|---|
| 1   |   |  |   |   |
| 2   |   |  |   |   |
| 3   |   |  |   |   |
| 4   |   |  |   |   |
| 5   |   |  |   |   |

### Your Sisters

| *First and last initials of your sisters *Specify if identical twin or half-sister | If this family member has a history of breast cancer enter age | If this family member has a history of ovarian cancer enter age | If genetically tested for breast cancer gene enter test and outcome |
|--|--|---|---|
| 1  |  |   |   |
| 2  |  |   |   |
| 3  |  |   |   |
| 4  |  |   |   |
| 5  |  |   |   |

**Your Daughters**

| <b>*First and last initials of your daughters</b> | <b>If this family member has a history of breast cancer enter age</b> | <b>If this family member has a history of ovarian cancer enter age</b> | <b>If genetically tested for breast cancer gene enter test and outcome</b> |
|---|---|--|--|
| <b>1</b>  |   |  |  |
| <b>2</b>  |   |  |  |
| <b>3</b>  |   |  |  |
| <b>4</b>  |   |  |  |
| <b>5</b>  |   |  |  |