

USE PATIENT PLATE

University of California, Davis Medical Center  
Breast Health History

Date of Exam \_\_\_\_\_  
AGE \_\_\_\_\_

HAVE YOU HAD A MAMMOGRAM BEFORE?

Yes\_\_ No\_\_

If yes, where was it done? \_\_\_\_\_  
How long ago? \_\_\_\_\_

DO YOU HAVE ANY MEDICAL PROBLEMS WITH YOUR BREAST?

Yes\_\_ No\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

DO YOU OR YOUR DOCTOR FEEL A LUMP IN YOUR BREAST?

Yes\_\_ No\_\_

If yes, where? \_\_\_\_\_  
How long has it been there? \_\_\_\_\_

DO YOU HAVE BREAST IMPLANTS?

Yes\_\_ No\_\_

If yes, when was your surgery \_\_\_\_\_

DO YOU HAVE A HISTORY OF BREAST CANCER?

Yes\_\_ No\_\_

If yes, did you have Radiation Therapy? Or Chemotherapy?

HAVE YOU HAD PREVIOUS BREAST SURGERY OR BIOPSY?

Yes\_\_ No\_\_

If yes, which side was it done on? Right Left  
Explain what was done. \_\_\_\_\_  
When was it done? \_\_\_\_\_ (year)  
What was found? \_\_\_\_\_

HAS AN IMMEDIATE RELATIVE HAD BREAST CANCER? (mother, sister, daughter)

Yes\_\_ No\_\_

If yes, which relative(s) \_\_\_\_\_

How old was she when the cancer was found? \_\_\_\_\_

ARE YOU STILL HAVING MENSTRUAL PERIODS?

Yes\_\_ No\_\_

When was your last period? \_\_\_\_\_

DO YOU TAKE HORMONES?

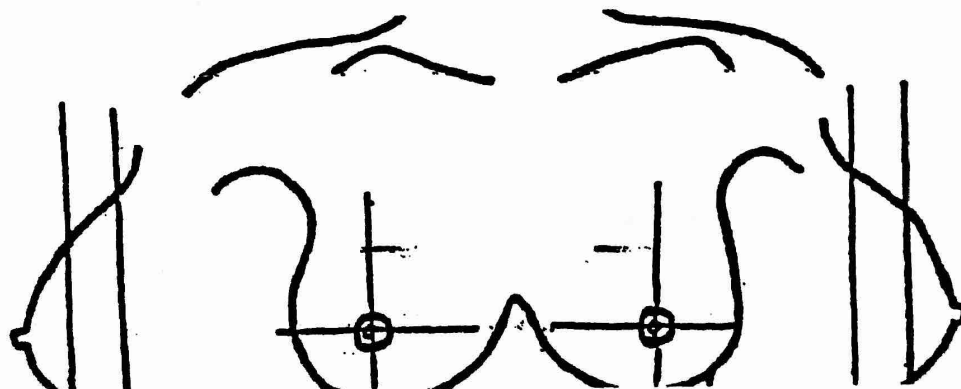
Yes\_\_ No\_\_

If yes, what type? \_\_\_\_\_ How long \_\_\_\_\_

IS THERE ANY OTHER INFORMATION THAT WOULD BE HELPFUL FOR US TO KNOW?

\_\_\_\_\_  
\_\_\_\_\_

RIGHT



LEFT