

# Breast Symptoms

THE KATHERINE M. CYRAN M.D. BREAST CENTER

Last name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_ DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Previous last name: \_\_\_\_\_ Report to other Doctor?: Y N \_\_\_\_\_

Email: \_\_\_\_\_ May we send results via email? Y N \_\_\_\_\_

**Current Breast Concern:** \_\_\_\_\_

Last Menstrual Cycle: \_\_\_\_\_ **Are you pregnant?** Y N **Nursing?** Y N **Do you have Breast Implants ?** Y N

**Age First Menstruation:** \_\_\_\_\_ **# Children Birthed:** \_\_\_\_\_ **Age 1<sup>st</sup> full-term pregnancy:** \_\_\_\_\_

Age Menopause or N/A: \_\_\_\_\_ Age Hysterectomy or N/A: \_\_\_\_\_ Ovaries removed? Y N Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hormone Replacement? Y N Currently? Y N Previously? Y N Type: Estrogen Only\_\_ Combined\_\_ Duration: \_\_\_\_\_

**Family History of Breast/Ovarian Cancer:**

**Personal History of Cancer:**

\_\_\_\_\_ Unknown

\_\_\_\_\_ Breast

\_\_\_\_\_ No family history

\_\_\_\_\_ Ovarian

\_\_\_\_\_ Aunt, Grandmother, Cousin (weak)

**Mother's Health:** Alive?: Y N

\_\_\_\_\_ **Post**-menopausal Mother, Sister (intermediate)

\_\_\_\_\_ **Pre**-menopausal Mother, Sister **OR** multiple first degree relatives (high)

**Breast History:**

Last mammogram(year): \_\_\_\_\_ Location: \_\_\_\_\_ Ultrasound(year): \_\_\_\_\_ Location: \_\_\_\_\_

Biopsy(year): \_\_\_\_\_ R L Both Lumpectomy(year): \_\_\_\_\_ R L Both Radiation(year): \_\_\_\_\_ Mastectomy(year) \_\_\_\_\_ R L Both

Implants(year): \_\_\_\_\_ Reduction(year): \_\_\_\_\_ Other Breast Surgery(describe): \_\_\_\_\_

Practice Self Exam?: Y N Recent Weight: Gain/Loss/None Periods Regular? Y N n/a Contraception Type: \_\_\_\_\_

**Medical History:**

Current or Past Medical Conditions: None or List: \_\_\_\_\_

Previous Surgeries: None or List: \_\_\_\_\_

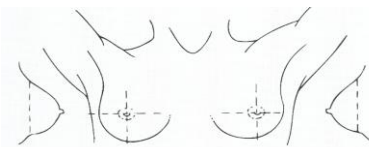
Current Medications: None or List (**include dose**): \_\_\_\_\_

Allergies to Medications: None or List: \_\_\_\_\_

Current Smoker? Y N

**Patient Signature** : \_\_\_\_\_ Date: \_\_\_\_\_

Tech Notes:



Tech Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Physician Notes:**

