

Gwinnett Surgical Associates

BREAST QUESTIONNAIRE

This form is to be filled out only by breast patients.

Patient Name: _____

Provider: _____

Date of Birth: _____

Weight: _____

Today's Date: _____

**Please circle YES or NO as it pertains to YOU
&
provide explanations if warranted**

- Have you ever had a breast operation? **YES NO**
 - If you answered yes, please provide date, place and diagnosis _____
- Has any close relative had breast cancer? **YES NO**
 - If you answered yes, please provide whom in the family _____
- Do you take Birth Control medication? **YES NO**
- Were you twelve years old or under when menstruation started? **YES NO** Age: _____
- Did your menstrual periods persist after 54 years of age? **YES NO**
- Have you ever carried a pregnancy to term (9 months)? **YES NO**
- Were you over 30 years of age with your first pregnancy? **YES NO**
- Have you ever taken hormone (estrogen) replacement treatments? **YES NO**
- Have you had more than 4 term pregnancies? **YES NO**
- Have you been instructed to perform self-breast examinations? **YES NO**
- Do you examine your breasts monthly? **YES NO**
- Have you ever had a breast mammogram? **YES NO**
 - If you answered yes, please provide when and where _____
- Do you understand that it is recommended to have a yearly breast exam? **YES NO**
- Do you understand that very tiny breast cancers may not be felt by your doctor and that is why repeat examinations are necessary? **YES NO**
- Do you understand that mammograms are very helpful; but not all breast masses (including cancer) can be seen on x-rays? Mammograms and ultrasounds are tools designed to be used in conjunction with physical exams. **YES NO**
- Do you understand that self-breast exams, mammograms, ultrasounds, and physician exams are limited in their ability to diagnose breast cancer, especially considering fibrocystic changes in the breast? **YES NO**
- Do you have pain in your breasts? **YES NO**
 - If you answered yes, which breast and does the pain come and go with monthly menstrual cycles? _____
- Do you have discharge from your nipples? **YES NO**
 - If you answered yes, which breast and is it clear or bloody? _____
- Have your breasts changed in size or shape recently? **YES NO**
 - Do you feel a definite "lump" in your breast? If so, where? _____
- Would you describe your breast(s) as generally "lumpy?" **YES NO**

Getting a second opinion is always an option and can be arranged at your request

Specific reason for today's visit:
