

DATE: \_\_\_\_\_

PRINCETON SURGICAL ASSOCIATES, P.A.

NAME \_\_\_\_\_ AGE \_\_\_\_\_ REFERRING DR. \_\_\_\_\_

**MENSTRUAL HISTORY:** Age at onset: \_\_\_\_\_ Age ended: \_\_\_\_\_ Last period: \_\_\_\_\_

**ARE SYMPTOMS RELATED TO MENSTRUAL CYCLE?** No \_\_\_\_\_ YES \_\_\_\_\_

**HORMONES** (Name & Duration) Birth Control Pills \_\_\_\_\_ Other hormones \_\_\_\_\_

**CHILDBIRTH HISTORY:** # of pregnancies \_\_\_\_\_ # of children \_\_\_\_\_

Age at birth of first child \_\_\_\_\_ Did you nurse? \_\_\_\_\_ How long? \_\_\_\_\_

**FAMILY HISTORY** Has any maternal relative had breast cancer? NO \_\_\_\_\_ YES \_\_\_\_\_

Mother \_\_\_\_\_ Sister \_\_\_\_\_ Daughter \_\_\_\_\_ Grandmother \_\_\_\_\_ Aunt \_\_\_\_\_ Cousin \_\_\_\_\_

**HAVE YOU HAD MAMMOGRAPHY?** YES \_\_\_\_\_ NO \_\_\_\_\_ WHEN? \_\_\_\_\_ WHERE? \_\_\_\_\_

SYMPTOMS	RIGHT	LEFT	DURATION OF SYMPTOMS
Palpable lump (s)			
Pain			
Nipple discharge			
Dimpling/discoloration			
Abnormal mammogram			
Second Opinion			

BREAST HISTORY	RIGHT	LEFT	DATE
Aspirations			
Biopsy			
Lumpectomy, axillary dissection			
Mastectomy			
Radiation therapy			
Chemotherapy			

FOR DOCTORS USE ONLY

RT.	MASS	LT.
_____	NONE	_____
_____	SINGLE	_____
_____	MULTIPLE	_____
_____	HARD	_____
_____	SOFT	_____
_____	CYSTIC	_____
_____	MOVEABLE	_____
_____	FIXED SKIN	_____
_____	FIXED DEEP	_____
_____	REGULAR	_____
_____	IRREGULAR	_____



Comments: \_\_\_\_\_  
\_\_\_\_\_

Size: \_\_\_\_\_

M.D.