

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? _____

Independence Health System 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

*First and last initials of your daughters	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			