

Salem General Surgery
Patient Questionnaire (Breast Care)

Name: _____

Date of birth: ___/___/___ Age: _____ Today's Date: _____

1. At what age did you have your first period? _____
2. At what age did you have your last period (menopause) or hysterectomy?
N/A Age at menopause _____ Age at hysterectomy _____
3. What age was your first pregnancy? _____
4. How many pregnancies have you had? _____
4. How many biological children do you have? _____
6. Are you currently pregnant? Yes _____ No _____ Unsure _____
7. Have you ever had a breast biopsy? Yes _____ No _____
What were the results? _____

8. Please list the relatives in your biologic (related) family who have had breast cancer and their ages at diagnoses.

Relationship _____ Age _____

Relationship _____ Age _____

Relationship _____ Age _____

9. Please list all other family members who have had other cancers and their ages at diagnoses.

Relation /type _____ Age _____

Relation /type _____ Age _____

Relation /type _____ Age _____

Relation /type _____ Age _____

Relation /type _____ Age _____