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Breast Cancer Risk Survey

Patient Name: _____ D.O.B.: _____

Patient Instructions:

While you are waiting to see the physician, we ask that you complete the survey below. It will help us to assess your risk for developing breast cancer. Thank You. ***After the first initial completion of this form, the information*** **is to be updated on a yearly basis. Please provide updated information in the space provided below for questions numbered 2, 5, and 6 in red ink, along with the date of visit and your initials.**

Have you ever had breast cancer? **[ ] Yes [ ] No**

If you checked "yes", you have completed this survey. Please give the survey to the physician.

1. Have you ever had a breast biopsy that showed lobular carcinoma in situ or ductal carcinoma in situ?
[ ] Yes [ ] No / Don't Know

2. How old are you? _____

3. How old were you when you had your first menstrual period? _____

4. How old were you when your first child was born? _____
(If you never had a child, enter "0")

5. How many of your sisters, daughters, or mother have had breast cancer _____

6. Have you ever had a breast biopsy? **[ ] Yes [ ] No/Don't Know**
(A breast biopsy is when the doctor removes tissue from your breast to test for cancer)

6a.) If yes, how many breast biopsies have you had? _____

6b.) Did the doctor ever tell you that one of your biopsies showed atypical hyperplasia?
(A precancerous condition) **[ ] Yes [ ] No [ ] Don't Know**

7. What is your race? **[ ] White [ ] Black [ ] Asian**

Pt. Initials: _____ Date: _____

_____% 5 Years
_____ % Lifetime

Date of Visit	Patient Initials	Question # 2	Question # 5	Question # 6	% 5 Years	% Lifetime	Physician Initials