

MAMMOGRAPHY CHECK SHEET

Name _____ Age _____ Date _____

1. Have you ever had children? _____ How Many? _____ Ages? _____

2. Did you breast feed? _____ If so, how long? _____

3. Date of last menstrual period? _____

Are they regular? _____

Age at menarche? (when they started) _____

4. Have you ever taken birth control pills? _____

If so, how long? _____

5. Do you take hormones such as Estrogen, Cortisone or Thyroid? _____

6. Has anyone in your family had breast cancer? _____

Who? _____

At what age? _____

7. Do you examine your breasts regularly? _____

8. Please check yes or no and right or left to the following questions:

A) Have you ever had lumps in your breast? _____ Yes No Rt. Lt.

B) Do you have lumps now? _____ Yes No Rt. Lt.

C) Do you have pain, soreness, or discomfort? _____ Yes No Rt. Lt.

D) Have you ever had discharge from a nipple? _____ Yes No Rt. Lt.

E) Have you ever had breast surgery? _____ Yes No Rt. Lt.

Is there anything else you would like to add?