

UNIVERSITY OF COLORADO HOSPITAL BREAST CENTER  
**NEW PATIENT ASSESSMENT FORM**

**Breast GYN History**

*Personal Information*

Current Age: \_\_\_\_\_  
Age at 1st menstrual period: \_\_\_\_\_  
Age at 1st full-term birth: \_\_\_\_\_  
Number of pregnancies: \_\_\_\_\_  
Number of children: \_\_\_\_\_  
Age of child #1: \_\_\_\_\_  
Age of child #2: \_\_\_\_\_  
Age of child #3: \_\_\_\_\_  
Age of child #4: \_\_\_\_\_  
Age of children > 4: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Age at last birth: \_\_\_\_\_  
Have you taken hormones? (mark one)  Yes  No  
Duration of hormones in years: \_\_\_\_\_  
Type (pill, injection, etc.): \_\_\_\_\_  
Fertility treatment: (mark one)  Yes  No  
Age at menopause: \_\_\_\_\_

*Previous Imaging*

Date of last mammogram: \_\_\_\_\_  
Institution of last mammogram: \_\_\_\_\_  
Previous biopsies: (mark one)  Yes  No  
How many biopsies: \_\_\_\_\_  
When: \_\_\_\_\_  
Institution of last biopsy: \_\_\_\_\_  
Any abnormal cells: (mark one)  Yes  No

*Family history*

Family members with a history of breast cancer:  Yes  No  
Family members with a history of ovarian cancer:  Yes  No  
Family members with other types of cancer:  Yes  No  
Specific types of cancer: \_\_\_\_\_  
Involved family member: \_\_\_\_\_