Crystal Run Healthcare

95 Crystal Run Road Middletown, NY 10941 845-703-6999

61 Emerald Place Rock Hill, NY 12775 845-794-6999

855 Route 17M Monroe, NY 845-615-6999

1200 Route 300 Newburgh, NY 845-725-0100

81 Ronald Reagan Blvd. Warwick, NY 845-986-5123

Breast questionnaire

[Please inform technologist if you are wearing any powder or deodorant]

Name: ______________________ Date: ______________________

Date of Birth: ______________ Age: ________ Referring MD? ______________________

Height: ______________ Weight: __________

Reason for today's exam: ______________________ [Routine, lump, follow up, other]

Date of last clinical breast exam done by your doctor? ______________________

Are you pregnant? Yes No If no, date of last period: _____ #of childbirth deliveries:_________

Have you breast fed in the last 3 months? Yes No Age at first pregnancy: ______________

Have you ever had a mammogram? Yes No

If yes, when and where? ______________________

Your age at first menstrual period: ______________

Have you gone through menopause? Yes No Don't Know If yes, Age: __________

Have you ever been diagnosed with ovarian cancer? Yes No

Do you or a family member have a history of breast cancer? Yes No

If yes, whom and what age?______________________

Do you have a mutation in either BRCA1 or BRCA2 gene? Unknown Tested, Normal

BRCA1+ BRCA2+

Do you currently use hormone replacement therapy (HRT) such as BCP, Estrogen, Premarin, Provera, Tamoxifen, or Synthroid? Never Stopped use 5 or more years ago Stopped use less than 5 years ago Current user If yes, which type? ______________________

Have you ever had breast surgery, cyst aspirations, biopsies, implants, or reductions? Yes No

If yes, please describe type of surgery: ______________________

When and where did surgery take place? ______________________

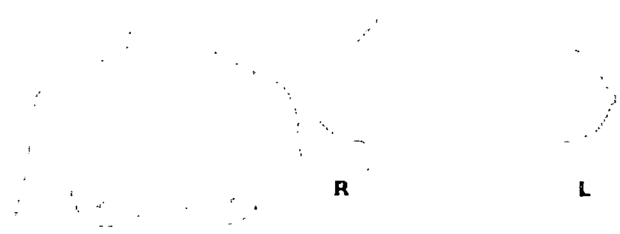
Patient Name: ______________________ Patient Signature: ______________________

Technologist portion

Inverted nipples? Yes No

Breast size difference? Yes No

If yes, how long? ______________________



Comments/reason for additional views:

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Tech: ______________________

Mole ● Lump △ Scar △△