



## Questionnaire Breast Examination

Would you please hand this form to the assistant before the examination.

Name of patient			
Date of Birth	Room Nr.	Phone	MTD

**Date of the last mammography** (any findings? cyst? fibroadenoma? calcification?)

**Breast cancer in your family?** (Who?) Yes  No

**First day of your last period?** or **menopause?**

**Are you taking any hormones?**

If yes, what kind of hormones:

**Have you ever had any surgeries (especially breast surgeries):**

If yes, what kind of operations: Result?

**Have you had cancer?**

If yes, what kind of cancer (ovaries, etc.):

**Have you ever had a mastitis?**

If yes, which breast: When?

**Have you had a radiation therapy?**

If yes, which region: Why?

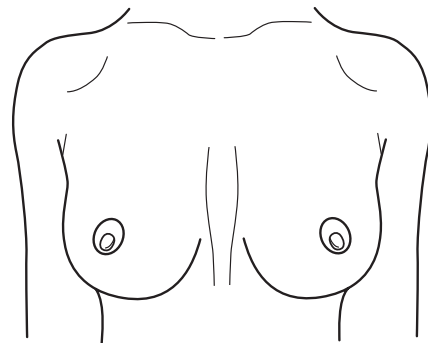
**Have you had a breast injury?**

If yes, which breast: When?

**I agree to have a mammography.**

**Are you pregnant?**

- Palpable nodule or lump?
- Deformation, dimpling, swelling, redding, induration?
- Skin alterations?
- Nipple retraction?
- Nipple discharge?



Date/time	Patient's signature	MTD
-----------	---------------------	-----