

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? ☐ ☐

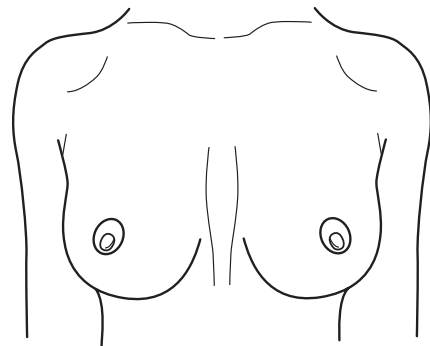
If yes, which breast:

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
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