

Saint Francis Breast Health Services
6475 S. Yale Ave. Suite 410
Tulsa, Ok 74136
918-494-9270

Age periods started _____ Date of last menstrual period _____
Any chance you're pregnant Yes / No

Do you have breast Implants? Yes / No If yes are they Silicone or Saline When
were they placed? _____ Have they ever been replaced? Yes / No

Have you had any previous breast surgeries? Yes / No Where: R / L / B
Reduction ____ (year or age) Biopsy _____ (year or age)

Have you had breast cancer? Yes / No Which Breast: R / L / B
When was it diagnosed? _____ Mastectomy or Lumpectomy
Have you had.... Radiation treatment and/or Chemotherapy

Are you **presently** experiencing? (Right/ left /bilateral)
Nipple Discharge Yes / No Where: R / L / B How long _____ Color _____
Tenderness or Pain Yes / No Where: R / L / B How long _____
Breast Lump Yes / No Where: R / L / B How long _____

How many children have you birthed? _____ How many did you breast feed? _____
Your age at 1st full term pregnancy _____

Have you had a hysterectomy? Yes / No Age __
Were your ovaries removed? Yes / No Age __

Have you taken birth control pills Yes / No Age 1st used __ Last used __
Have you taken female hormones Yes / No Age 1st used __ Last used __
Chemo-preventative medications Yes / No Age 1st used __ Last used __

Have you ever been diagnosed with any cancer other than breast? _____
If so, where in your body? _____ When were you diagnosed? _____

Has anyone in your family had breast cancer?
No Family History
Unknown Family History
Aunt, cousin, grandmother
Mother, sister, daughter-- post menopausal
Mother, sister, daughter-- pre-menopausal

Have you had mammograms elsewhere? _____ When _____
Name of Facility and town

Your Name _____

Alternate Names used for medical records _____ Your DOB _____

Patient's Doctor: _____

2nd Physician to get copy of report: _____