

New Breast Form

Patient Name: _____ Age: _____ Date: _____

Primary Physician: _____ Referring Physician: _____

1. **Chief complaint: (Main reason for visit):** _____

2. **Breast symptoms:**

no symptoms (abnormal mammogram/ultrasound only) right breast left breast both breasts mass (lump) nipple discharge (one nipple) nipple discharge (both nipples) dimpling of the skin retraction of the nipple scaling of nipple redness pain/soreness other symptom: _____

first noted (approximate date): _____

3. **Additional details/narrative:**

Cup size: _____

I examine my breasts: occasionally rarely never monthly

I have a personal history of breast cancer I am currently breast feeding

Narrative: _____

4. **Recent mammogram/ ultrasound (date):** _____ at ARA (Women’s Imaging)/ Central Park Imaging/ St. David's / O’Connell / King’s Daughters / other : _____

5. **Menstrual/hormonal history (females):**

no term pregnancies

first term pregnancy (age) _____/first menstrual period (age) _____ start of most recent menstrual period (date) _____

I have taken hormone replacement therapy for (years) _____ still taking have stopped taking

I am currently pregnant or may be pregnant I am currently breast feeding

6. **Family history: (check):**

none adopted diabetes hypertension heart disease ovarian cancer breast cancer other: _____

Affected relatives (ONLY BREAST/OVARIAN CANCER DIAGNOSES):

mother (age at diagnosis, details) _____

maternal grandmother (age at diagnosis, details) _____

paternal grandmother (age at diagnosis, details) _____

sister (age at diagnosis, details) _____

maternal cousin (age at diagnosis, details) _____

paternal cousin (age at diagnosis, details) _____

maternal aunt (age at diagnosis, details) _____

paternal aunt (age at diagnosis, details) _____

I am of **Ashkenazi Jewish background**

Doctor’s initials: _____

7. Medications:

- None baby Aspirin Coumadin Plavix Nexium Prilosec Synthroid
 See list Other: _____

I do not know my medications, but will check on them

PREFERRED PHARMACY: _____

8. Past Medical history (please check all that apply):**GENERAL:**

- None** **overweight/obese** **diabetes mellitus** **high blood pressure** **high cholesterol**
 hypothyroidism skin cancers basal cell squamous cell melanoma
 Personal history of cancer _____ **HIV positive**

HEART:

- None** **prior heart attack** **heart stents** congestive heart failure heart rhythm problem
 atrial fibrillation heart murmur mitral valve prolapse
 I have a history of deep clots in my leg veins, and had (have) to take blood thinner
 Other _____ My cardiologist is _____

LUNG:

- None** sleep apnea emphysema chronic bronchitis pulmonary embolus asthma
 cancer of the lung My lung specialist is _____

GI:

- None** **history of hepatitis C** history of cirrhosis gastroesophageal reflux Barrett's esophagus irritable bowel syndrome Crohn's disease/IBD My GI doctor is _____

NEUROLOGIC:

- None** migraines stroke TIA seizures My neurologist is _____

BONE/JOINT:

- None** have you had a bone density study? yes no Results: normal osteopenia
 osteoporosis don't know Other: _____

OTHER MEDICAL CONDITIONS: (PLEASE PRINT NEATLY):**9. Allergies (please check any that apply):**

- None** Penicillin Sulfa Codeine Hydrocodone Latex Other: _____
 History of anaphylactic (major) reaction

10. Past Surgical History (do not need dates--check):**GYN (females):**

- None** total abdominal hysterectomy (**both ovaries removed**) partial hysterectomy (**one or** **both ovaries still in**)
 tubal ligation C-section(s) Other: _____

BREAST:

- None** breast biopsy right, left, both mastectomy: right left both
 lumpectomy: right, left, both lymph nodes removed: right left both
 breast augmentation breast reduction Other _____

Doctor's initials: _____

ABDOMINAL:

- None gallbladder operation (small incisions) gallbladder operation (big incision)
- Appendectomy Hernia repair: groin, umbilical other: _____
- Colon operation for benign condition for cancer bowel obstruction Other: _____

HEART/BLOOD VESSELS:

- None coronary artery bypass vascular bypass procedure other _____

BONE/JOINT:

- None arthroscopy total joint replacement spine surgery have hardware in

ENDOCRINE:

- None partial thyroidectomy total thyroidectomy parathyroid surgery

OTHER SURGERY: (PLEASE PRINT NEATLY ANY OTHER operations):

11. Social history:

- English speaking Prefer Spanish
- married single separated divorced widowed partner concerns about domestic abuse

WORK:

- current occupation: _____ I am retired I stay at home I am disabled
- I have been laid off Other: _____

TOBACCO:

- I have never smoked I currently smoke 1/2 pack/day 1 pack/day over 1 pack/day for _____ years (total)
- I smoked in the past but quit **I am trying to quit**

ALCOHOL:

- None Occasionally Regularly **Quantity** (per week): _____
- Other: _____

WELLNESS PRACTICES:

- None Occasionally Regularly walk run swim weights dance yoga I watch what I eat Other: _____

DRUG USE: None Occasionally Regularly have "shot up" in the past

12. Review of systems (recent symptoms):

- **GENERAL:** none weight loss weight gain loss of appetite fever chills fatigue
details: _____
- **SKIN:** none changes in moles new lumps that you can feel
details: _____
- **NEUROLOGY:** none recent migraine headaches? recent seizures recent symptoms of weakness or numbness **details:** _____
- **HEMATOLOGY:** none recent easy bleeding recent easy bruising

Doctor's initials: _____

- **LUNGS:** none significant shortness of breath (if so describe) _____
 cough coughing up blood difficulty climbing a flight of stairs (short of breath)
- **HEART:** none any recent chest pain? any recent significant swelling of the ankles? any recent dizziness when you get up? any recent difficulty sleeping flat in bed? have you recently felt short of breath at night? **details:** _____
- **GASTROENTEROLOGY:** none recent nausea vomiting jaundice changes in bowel habits constipation? diarrhea blood in stool I have had a normal colonoscopy I have had a colonoscopy that showed polyps within the last 10 years, and I am getting follow-up **I have never had a colonoscopy details:** _____
- **GENITOURINARY:** none recent urinary tract infection **details:** _____
- **MUSCULOSKELETAL:** none recent joint issues **details:** _____
- **ENDOCRINE:** none heat intolerance cold intolerance other: _____

13. Expectations: I would like to schedule surgery I am not interested in surgery but would like to discuss options I just want to find out what I have Questions:

14. Family/support present for my visit:

husband daughter(s) son(s) friend alone other _____

Doctor's initials: _____

FOR OFFICE USE ONLY (WILL BE COMPLETED BY YOUR DOCTOR)

family present husband friend alone other: _____

EXAM: Normal (except as follows):

GENERAL: overweight obese kyphosis limited performance status _____

EXTR: varicose veins pedal or lymphedema (mild moderate) arthritis _____

DERM: pigmented lesions (likely benign of concern sees a dermatologist recommend dermatologist) tattoos nipple rings _____

NECK: palpable lymph node: right left anterior cervical posterior cervical clinically benign somewhat suspicious _____

HEART: extra-systolic beats irregular rate/rhythm systolic ejection murmur _____

LUNGS: wheezes _____

ABD: previous incision(s) hernia (palpable right inguinal hernia palpable left inguinal hernia palpable umbilical hernia palpable incisional hernia) _____

NEURO: weakness wheelchair bound _____

BREASTS: no palpable mass no abnormalities moderately dense very dense

SKIN CHANGES: scaling dimpling retraction/ inversion of nipple edema erythema

bruising **PALPABLE FINDINGS:** palpable mass as noted mild nodularity as noted prominent thickening clinically benign suspicious

LYMPH NODES: palpable axillary node, likely reactive palpable axillary node(s), suspicious

INCISIONS: right left bilateral circum-areolar excisional biopsy augmentation reduction lumpectomy mastectomy reconstruction

notes: _____

IMPRESSION: right left bilateral breast mass

breast pain skin changes fibrocystic changes

nipple discharge

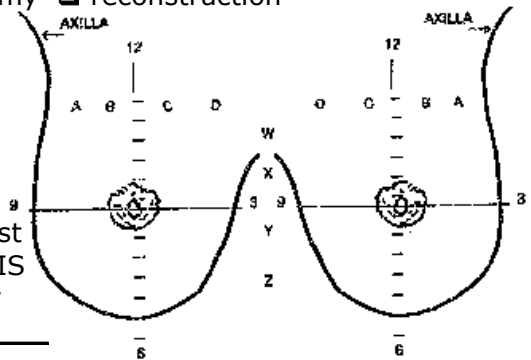
abnormal mammogram (calcifications/ mass/ dense)

BIRADS 0 I II III IV V reviewed reviewed with radiologist

invasive carcinoma IDC ILC ADH ALH LCIS DCIS

personal history of breast cancer BRCA ___ family history

NED notes: _____



PROCEDURES: options, risks/benefits discussed

cyst aspiration ultrasound guided biopsy stereotactic biopsy schedule other: _____

IMAGING: screening diagnostic right left bilateral mammogram ultrasound

MRI (if cancer) galactogram 6 month image follow-up (if benign biopsy)

FOLLOWUP: 1 week 2 weeks 4 weeks after next menstrual period 1 month 6 weeks 2 months 3 months 6 months one year schedule follow-up visit after evaluation

call to schedule surgery after further evaluation will call after path

schedule surgery prn emphasized to call for any new or ongoing concerns!!

REFERRAL: call genetics counselor consider BRCA testing multidisciplinary conference

Other: _____

Signed: _____ Date: _____

Revised 9-27-11

Doctor's initials: _____