Breast Care Center, A *Branch* of Cedar Valley Medical Specialists, P.C.
1731 West Ridgeway Ave., Suite 100, Waterloo, IA 50701

#_____Name_____ DOB _____

1. Are you here because of a breast lump? Yes No
2. Are you here because of an abnormal mammogram? Yes No
3. How long have you had this problem? _____
4. Any children? _____
5. What age were **you** at your first live birth? _____
6. Did you breast feed? _____
7. Age menstrual periods started _____ Date of last menstrual period _____
8. Age at which menstrual periods stopped? _____
9. Do you take: _____Birth control pills? _____Hormones?
10. Have your breasts been tender? _____
11. Any breast or nipple discharge? ____ Is the discharge bloody? _____
12. Have you had any lumps in your breast before? _____
13. Have you had any breast biopsies before: _____ If yes, how many? _____
    Findings_____
14. Do you do self-breast examinations? _____
15. Has anyone in your family had breast cancer? Mother
    Sister
    Other
16. Has anyone in your family had breast problems?
    If yes, what type of problems?

17. Date of last mammogram:

Rt__ Lt__ No skin changes or retraction
Rt__ Lt__ No palpable masses
Rt__ Lt__ No nipple discharge
Rt__ Lt__ No tenderness
Rt__ Lt__ Symmetrical
Rt__ Lt__ Fibrocystic changes

Palpable Lymph nodes
Rt__ Lt__ No cervical
Rt__ Lt__ No supraclavicular
Rt__ Lt__ No infraclavicular
Rt__ Lt__ No axillary

____Risks, complications and recommendations discussed.

Gail Score:
____5yr ____Lifetime

IMPRESSION:

PLAN: __Mammogram __RTO
__ Ultrasound
__FNA
__Excisional biopsy
__ Stereotactic biopsy
__ U/S guided biopsy