Hiler & Kohlbrenner MDs
Diplomates, American Board of Surgery
3838 California Street, Suite 612, San Francisco, CA 94118
415-666-9905 Fax 415-666-9910

Patient Name: _____ DOB:_____ Exam Date: _____

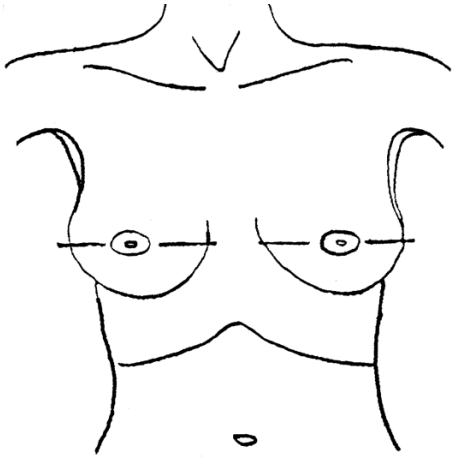
Reason for Breast Evaluation:

? Breast lump	? Nipple Discharge	? Abnormal mammo/US
? Breast Cancer	? Pain	? Other: _____

If a Breast Lump is the reason for Evaluation, please answer the following questions:

Who first noted the lump? Please Check: You ? Your Physician ? Found on imaging? ?
How long have you been aware of the lump? _____ Is it tender? _____
Does the character of the lump change with your menstrual cycle? _____

Please Draw the size and location of the breast lump on the diagram below:



Have you ever given birth to a child? Yes ? No ?
If yes, how many children have you had? _____
Your age at the birth of your 1st child? _____
Did you breast feed, if so how long? _____

Age at first menstrual period? _____
Are you having regular periods? Yes ? No ?
Age menopause began? _____

Are you taking oral contraceptives: Yes ? No ?
Are you taking hormone replacement? Yes ? No ?
Mammograms? Yes ? No ? Where? _____

Any Prior Breast Surgery? Where, why, and when?

_____

FAMILY HISTORY OF BREAST OR OVARIAN CANCER:

WHO (MATERNAL OR PATERNAL SIDE)	TYPE (BREAST OR OVARIAN)	DIAGNOSED AT WHAT AGE?

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