

HAWASLI & ASSOCIATES SURGICAL SPECIALISTS, PC
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Breast Questionnaire

Your answers to the following questions will assist us when we see you on your first visit.

Date: _____

Name: _____
(last) (first) (middle)

Age of onset of menstrual period _____ Last period _____

Are your breasts tender during your period? (circle one) Yes No

Pregnancies # _____ Deliveries # _____ Miscarriages # _____ Abortions # _____

Post Partum infection requiring drainage? (circle one) Yes No

Hysterectomy? (circle one) Yes No If Yes, date: _____

For what diagnosis/problem: _____

Have you ever taken hormones, including birth control pills? (circle one) Yes No

If Yes, type: _____

How long? _____

Do you have any drainage from your breasts? (circle one) Yes No

Do you have a family history of breast cancer? (circle one) Yes No

If Yes, Who: _____

How much caffeine (coffee, tea, chocolate, cola) do you take in daily? _____

How many mammograms have you had? _____ Date of last mammogram: _____