



Patient Name: \_\_\_\_\_

**Family History of Breast Cancer:**

- No family history of breast cancer.
- Mother      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Father      Was the cancer on       one breast       both breasts
- Sister      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Daughter      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Maternal Aunt      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Paternal Aunt      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Maternal Grandmother      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Paternal Grandmother      Was she still having periods at the time of diagnosis?  Yes       No  
Was her cancer on       one breast       both breasts
- Other \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_