

Robert C Wright, MD, PS
Breast Evaluation

NAME: _____

DATE: _____

<u>YES</u>	<u>NO</u>		<u>RIGHT</u>	<u>LEFT</u>
___	___	HAVE YOU NOTICED A MASS?	___	___
___	___	HAVE YOU NOTICED A NIPPLE DISCHARGE?	___	___
___	___	HAVE YOU EXPERIENCED PAIN?	___	___
___	___	HAVE YOU NOTICED A DIMPLE?	___	___
___	___	DO YOU EXAMINE YOUR BREAST MONTHLY?		
___	___	HAVE YOU HAD A MAMMOGRAM IN RECENT YEARS?		
___	___	DO YOU TAKE ESTROGEN? _____	KIND? _____	

BREAST CANCER RISK ASSESSMENT

CURRENT AGE _____

AGE DURING FIRST PERIOD _____

AGE AT FIRST CHILDBIRTH _____

DO YOU HAVE A MOTHER, SISTER, OR DAUGHTER WHO HAVE HAD BREAST CANCER? ___

HOW MANY BREAST BIOPSIES HAVE YOU HAD? _____

HAVE YOU HAD ATYPICAL HYPERPLASIA? _____

FOR OFFICE USE ONLY:

CALCULATED 5YR RISK: _____ LIFETIME RISK: _____

RIGHT

KRAMES BOOK GIVEN _____

LEFT