

Surgical Group of the Woodlands

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Name: _____ **Age:** _____ **Date:** _____

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Have you had an abnormality on your mammogram? Yes___No__

- If yes, which breast? _____

Have you had an abnormality on your ultrasound? Yes___No__

- If yes, which breast: _____

Have you been experiencing any discomfort, soreness or pain?
Yes___No__

- If yes, which breast: _____

Have you noticed or felt a lump in your breast? Yes___No__

- If yes, which breast? _____
- When did you feel this lump? _____

Has this area of concern changed? Yes___No__

- How has it changed?

SIZE___TENDERNESS___TEXTURE___

Have you experienced any nipple discharge? Yes___No__

- What color is the discharge? _____

Have you had any previous breast surgery? Yes___No__

WHAT KIND?

BIOPSY___LUMPECTOMY___MASTECTOMY___IMPLANTS___

Approximate dates: _____

Do you practice breast self-exams? Yes___No__

Do you have a family history of breast cancer? Yes___No__

FAMILY HISTORY EVALUATION

Have you been diagnosed with

Breast cancer before age 50?

Yes___No___Uncertain___Comments_____

Ovarian cancer at any age?

Yes___No___Uncertain___Comments_____

Colon Cancer before before age 50?

Yes___No___Uncertain___Comments_____

Endometrial cancer before age 50?

Yes___No___Uncertain___Comments_____

20 or more cumulative polyps in your colon?

Yes___No___Uncertain___Comments_____

Have any members of your family been diagnosed with

(Mother/Father's side is important)

Breast Cancer before age 50?

Yes___No___Uncertain___Comments_____

Ovarian cancer at any age?

Yes___No___Uncertain___Comments_____

Colon cancer before age 50?

Yes___No___Uncertain___Comments_____

Endometrial cancer before age 50?

Yes___No___Uncertain___Comments_____

20 or more polyps in your colon?

Yes___No___Uncertain___Comments_____

Breast cancer in a man at any age?

Yes___No___Uncertain___Comments_____