

Exam

History

Clinical Exam

Risk Assessments

Follow-up

First mammogram: No Yes

Pregnant: No Yes

Waiting for priors: No Yes

Last menstrual period:

Symptoms: No Yes

Age at menarche:

Age at menopause:

Pregnancies:

Births:

Age first f/t pregnancy:

Ashkenazi Jewish: No Yes

History Complete?: No Yes

COVID Vaccine administered?: No Yes

If yes, which arm?:

Date administered?:

Total Relatives

Sisters:

Daughters:

Maternal Half Sisters:

Paternal Half Sisters:

Maternal Aunts:

Paternal Aunts:

BRCA Status: Not Tested Pos Neg

BRCA 1:

BRCA 2:

Height:

Weight:

Implants:

Edit

THERE ARE NO IMPLANTS PRESENT

Add History of reproductive surgery: None:

Add History of breast surgery: None:

Add Personal history of breast cancer: None:

Add Personal history of other cancer: None:

Add Family history of breast cancer: Unknown: None:

Add Family history of other cancer: Unknown: None:

Add History of oral contraceptives: None:

Add History of hormones: None:

Add History of therapy: None:

Add Family history of BRCA: None:

No others - select all None