Surgical Associates Of Tampa Bay Breast Questionnaire
205 S.Moon Ave, Suite 102, Brandon, Fl. 33511
(813) 681-4644

Date:_____

Name (First & Last)_____ Age_____ Sex_____

Age at onset of menstruation?_____ Date of last period?_____

Number of pregnancies?_____ Number of children?_____

Age at first pregnancy?_____ Did you breast feed?_____

How many children did you breast feed?_____ How long?_____

Have you ever taken Birth Control Pills or Hormones? Yes/ No
(Estrogen, Progesterone, Thyroid, Cortisone, or Premarin)

If Yes, how long?_____ Are you on any hormones now? Yes/ No

Do you do self breast exams?_____ How often?_____

Have you ever had any breast surgery? Yes/ No

Do you have ANY family members with a history of Breast Cancer?_____

If yes, Who?_____

Have you had any mammograms done?_____

If yes, date of last mammogram_____

Dates of previous mammograms_____ Where?_____

Do you still have your ovaries? Yes/ No

Do you drink coffee/tea/soft drinks?_____ Regular_____ Decaf_____

Do you add salt to your food at the table?_____

What is your present complaint about your breasts or reason for consultation?_____

_____