Name: _____ Date: _____

SOCIAL HISTORY

Marital Status: □ Single □ Married □ Divorced □ Widowed

Occupation: _____

Religious Preference: _____

Have you ever used tobacco? □ Yes □ No □ Current use □ Past use [Quit _____ years ago]
If so, which type(s)? □ Cigarettes □ Cigars □ Pipes □ Chewing Tobacco
How much use per day? _____ For how many years? _____

Do you consume alcohol? □ Yes □ No
If so, indicate which types: □ Beer □ Wine □ Other _____
Quantity _____ How often? □ Daily □ Weekly □ Socially

Do you use any recreational drugs? □ Yes □ No

REPRODUCTIVE HISTORY (for female patients only)

Age of first period _____ Number of pregnancies _____ Number of births _____ Age of 1st birth _____

Have you gone through menopause? □ Yes □ No If yes, at what age? _____

Have you ever taken oral contraceptive pills? □ Yes □ No
If so, how many years ____ and from what age ____ to what age ____?

Have you ever taken hormone replacement therapy? □ Yes □ No
If so, for how many years ____ and from what age ____ to what age ____?

Have you ever taken any medications for the treatment of infertility? □ Yes □ No

Have you ever had a breast biopsy before? □ Yes □ No
If so, how many breast biopsies have you had? _____
Did any of the biopsies show Atypical Ductal or Lobular Hyperplasia? □ Yes □ No

FAMILY HISTORY *Please indicate any medical problems, including cancer and age at diagnosis.*

Mother Maternal grandmother Maternal grandfather

Father Paternal grandmother Paternal grandfather

Brother(s)

Sister(s)

Son(s)

Daughter(s)

Maternal aunt(s)

Maternal uncle(s)

Paternal aunt(s)

Paternal uncle(s)

Other

Other