



Frank S. Cohen, MD
Board Certified Surgeon
BREAST QUESTIONNAIRE

Name _____ DOB _____
Height _____ Wt _____ Allergies _____
PCP _____ PCP Phone # _____

Age of beginning of menses _____

Age of menopause _____

Have you taken supplemental hormones for hot flashes? If so, for how long? _____
Are you still on them? _____

Number of Children _____ Ages _____

Did you breast feed _____
If so for how long approximately _____

Any family history of breast cancer _____

Any prior breast biopsies _____

Any nipple leakage or discharge _____

Any pain in breasts _____

Any lumps that you feel _____

Are you taking birth control? Yes or no If so how long have you been on it _____

Any history of breast infection _____

Do you perform self breast exams? Yes or no

When was your last breast imaging? _____ Where was it done? _____

