At Novant Health Breast Center, your breast health is very important to us, and we know that educating you about your specific risk factors is the best first step to preventing breast cancer. The following questions allow us to assess your lifetime risk of breast cancer. Please answer all questions as completely and accurately as possible.

### Personal History

1. **Age:** _______  **Height:** _______  **Weight:** _______
2. **Have you ever been diagnosed with breast cancer?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, how old were you when you were diagnosed with breast cancer? __________
3. **Have you had more than one breast cancer?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, how old were you at the time of your first diagnosis? __________
4. **Have you had a diagnosis of ovarian cancer?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, how old were you at the time of this diagnosis? __________
5. **How old were you when you first started your period? __________
6. **Have you ever been pregnant?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, how old were you at your first live birth? _______
7. **Are you still having your period?**
   - **Yes**  [ ]  **No** [ ]
   - If No, how old were you when you stopped? __________
8. **Are you using any type of birth control?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, what type?  □ Oral  □ IUD  □ Other _______
9. **Have you had your uterus removed?**
   - **Yes**  [ ]  **No** [ ]
   - If Yes, at what age? __________
10. **Have you had your ovaries removed?**
    - **Yes**  [ ]  **No**  □Right  □Left  □Both
    - If Yes, at what age? __________
11. **Have you EVER taken hormone replacement therapy?**
    - **Yes**  [ ]  **No** [ ]
    - Do you CURRENTLY still take it?  □Yes  □No
    - If No, when did you stop? ______________
    - If Yes, how long have you taken it? __________
    - If Yes, how many more years do intend to take it? ____
12. **Have you ever had a breast biopsy?**
    - **Yes**  [ ]  **No** [ ]
    - Where? __________
    - When? __________
    - Have you ever had a cyst aspiration?  □Yes  □No
    - Where? __________
    - When? __________
    - If Yes, what were the results of Biopsy?  
      - a. Benign
      - b. Hyperplasia
      - c. Atypical Hyperplasia
      - d. Lobular Carcinoma In-Situ (LCIS)
      - e. Other: ____________________
13. **Has anyone in your family already had genetic blood test for breast and/or ovarian cancer risk?**
    - **Yes**  [ ]  **No** [ ]
    - If Yes, who has had testing? ______________
    - Did they have breast cancer?  □Yes  □No
    - If Yes, what were the results (circle one):   Positive   Negative   Inconclusive   I don’t know
14. **Do you have any Ashkenazi Jewish heritage?**
    - **Yes**  [ ]  **No** [ ]
15. **How many daughters do you have? __________
    - **Adopted/Unknown**
    - A. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - B. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - C. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - D. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
16. **How many sisters do you have? __________
    - **Adopted/Unknown**
    - A. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - B. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - C. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - D. Current age______ Did she ever have □ breast or □ ovarian cancer?  □Yes  □No

### Maternal (Mother’s) Family History

17. **How old is your mother currently? ______  If deceased, age at time of death ______  □ Adopted/Unknown
    - Did she ever have □ breast or □ ovarian cancer?  □Yes  □No
    - If Yes, at what age? __________
### Maternal (Mother’s) Family History continued

18) How old is your **mother’s mother** currently? _____ If deceased, age at time of death _____ □ Adopted/Unknown
   Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______

19) How many sisters does your **mother** have? _______________ □ Adopted/Unknown
   A. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   B. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   C. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   D. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______

### Paternal (Father’s) Family History

20) How old is your **father’s mother** currently? _____ If deceased, age at time of death _____ □ Adopted/Unknown
   Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______

21) How many sisters does your father have? _______________ □ Adopted/Unknown
   A. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   B. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   C. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______
   D. Current age_____ Did she ever have □ breast or □ ovarian cancer? □ Yes □ No If Yes, at what age?_______

22) List any other relatives who have had **breast cancer, ovarian cancer or pancreatic cancer.**
   This includes male relatives, including your father.

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<tr>
<th>Relationship</th>
<th>Breast</th>
<th>Ovarian</th>
<th>Pancreatic</th>
<th>Age at Diagnosis</th>
<th>Related by Mom or Dad</th>
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If your reported history shows an increased lifetime risk for breast cancer, or that an increased cancer risk may run in your family, we will contact you to offer an appointment with the Novant Health Cancer Prevention and Wellness Clinic. This appointment may include genetic counseling, additional breast cancer screening and/or breast cancer risk management suggestions.

**If you do not wish to be notified, if you have an increased lifetime risk of breast cancer or if your family history indicates that increased cancer risk may run in your family, please check here: □**

If you elect not to be contacted, we will retain the form in our records, but your risk will not be calculated or communicated to you or to your referring provider.

Feel free to contact us with any questions at 336-718-8528 or 336-397-6626.

Patient’s Signature ___________________________ Date/Time __________

Signature of Authorized Person ___________________________ Date/Time __________ Relationship to Patient ___________________________

If limited English proficient or hearing impaired, offer interpreter at no additional cost:

□ Interpreter Accepted ___________________________ □ Interpreter Refused ___________________________

(Name/Number of Person/Services Chosen/Used)