

## Outpatient Diagnostic Center of Huntsville and Madison

### Personal and Family History Questionnaire

Date Completed: \_\_\_\_\_

#### Patient Information

Last Name	First Name/Middle Initial	DOB  / /
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What was your age at the time of your first menstrual period? \_\_\_\_\_

Have you been pregnant before? \_\_\_\_ yes \_\_\_\_ no If yes, please provide your age at delivery of your first child: \_\_\_\_\_

**Instructions:** Please circle **Y (yes)** or **N (no)** to those that apply to **YOU** and/or **YOUR FAMILY** (on your mother or father's side) to the best of your knowledge. In the spaces provided, please list the relationship to you and the age of diagnosis.

Breast Cancer Risk Assessment		Relationship(s) to you	Age(s) at Diagnosis
<b>Y</b>	<b>N</b>	Have <b>YOU</b> had breast cancer?	
<b>Y</b>	<b>N</b>	Do you have a family history of breast cancer in your <b>mother, daughter, or sister(s)</b> ?	
<b>Y</b>	<b>N</b>	Have your <b>father</b> or <b>brother</b> had breast cancer?	
<b>Y</b>	<b>N</b>	Have <b>you or any blood relative</b> tested positive for BRCA1 or BRCA2 genetic mutations?	
<b>Y</b>	<b>N</b>	Did <b>YOU</b> have radiation treatments to the chest between the ages of 10 and 30 for treatment of <b>cancer</b> such as lymphoma?	
<b>Y</b>	<b>N</b>	Do <b>YOU</b> have a history of atypical lobular hyperplasia, atypical ductal hyperplasia, or lobular carcinoma in situ?	

Additional Information		Relationship(s) to you	Age(s) at Diagnosis
<b>Y</b>	<b>N</b>	Do you have a family history of breast cancer in other relatives such as grandmothers or aunts (please specify paternal or maternal)?	

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Technologist Signature

\_\_\_\_\_  
Date