



OAKLAND MACOMB
STARK, MCBRIDE, LOVE, WALLACE, VALICE, GOYMERAC & MORGAN
OBSTETRICS & GYNECOLOGY, P.C.

Breast Cancer Risk Survey

____/____/____
Date

Last Name

First Name

Middle In.

____/____/____
Date of Birth

Patient Instructions:

Please complete the survey below. It will help us to assess your risk for developing breast cancer.

Have you ever had breast cancer? Yes No
(If you checked "yes" you have completed the survey. Please give the survey to your health care provider.)

1. What is your race? White Black Hispanic Asian

2. How old are you? _____

3. How old were you when you had your first menstrual period? _____

4. How old were you when your first child was born?
(If you have never had a child, write "0") _____

5. Have any of your sisters, daughters, or has your mother had cancer?
(Please list) _____

6. Have you ever had a breast biopsy? Yes No Don't Know
(A breast biopsy is when the doctor removes tissue from your breast to test for cancer)

6a. If yes, how many have you had? _____

6b. Did the doctor ever tell you that one of your biopsies showed atypical hyperplasia? (A precancerous condition) Yes No Don't Know

7. Have you ever had a breast biopsy that showed lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS)? Yes No Don't Know

Thank you for completing this survey. Please give the survey to your health care provider.
The doctor will discuss the results with you.

This Area For Medical Staff Use:

Five-year risk of developing breast cancer = _____

Lifetime risk of developing breast cancer = _____