

WOMEN'S HEALTH HISTORY – For Breast Cancer Patients	
Any family history of breast cancer? If yes, please list relationships & age at time of their diagnosis, if known	
Number of Pregnancies	
Age of First Pregnancy	
Number of Children	Ages:
Number of Miscarriages	
Number of Abortions	
History of Breastfeeding	
Left breast cup size:	
Right breast cup size:	

Menstrual History	MENARCHE – how old were you when you began menstruating?	_____
	MENOPAUSE – how old were you when you stopped menstruating?	_____
	If you are still menstruating, when was your last cycle?	_____
Menopause History	Natural or Artificial Menopause? (please circle)	
	Have you had a hysterectomy?	Y N
	If so, were your ovaries removed?	Y N

Have you ever taken the following?		If so, how long:
Birth control pills	Y N	
Estrogens or hormonal replacement	Y N	