NOVANT HEALTH | UVA HEALTH SYSTEM

Outpatient Imaging Culpeper

Personal & Family History Questionnaire

PATIENT INFORMATION

Last Name	**First Name/Middle Initial**	**Gender**	**Race**
Date of Birth (MM/DD/YYYY) / /	**Age**	**Height**	**Weight**

PERSONAL HISTORY

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 the delivery of your first child: ______________________________

BREAST CANCER RISK ASSESSMENT

Instructions: Please check **Yes or 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.

Have you had breast cancer?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do you have a family history of breast cancer in your mother, daughter, or sister(s)?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Has your father or brother had breast cancer?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Have you or any blood relative tested positive for BRCA1 or BRCA2 genetic mutations?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Did YOU have radiation treatments to the chest between the ages of 10 and 30 for treatment of cancer such as lymphoma?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do YOU have a history of atypical lobular hyperplasia, atypical ductal hyperplasia, or lobular carcinoma in situ?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:
Do you have a family history of breast cancer in other relatives such as grandmothers or aunts (please specify paternal or maternal)?	☐ YES ☐ NO	Relationship(s) to you:	Age(s) at Diagnosis:

TECHNOLOGIST COMMENTS

______________________________ ______________________________

PATIENT SIGNATURE **DATE** **TECHNOLOGIST SIGNATURE** **DATE**