

Patient

Patient ID Site ID NYH Date of Birth
Last First Middle
Correspondence Language English (United States)

Demographics

Address
City State
Zip Country
Phone Ext Type Phone Ext Type
E-mail Address

Referred By

Referring Clinician

Patient Physical Details

Sex at Birth Gender
Height Weight
Ethnicity

Current Complaints/Symptoms

This is my first mammogram When was the last time a physician examined your breasts (MM/DD/YY)
Time Since Last Mammogram: Last Menstrual Period (MM/DD/YY) Could you possibly be pregnant? Yes No

Breast Surgical and Treatment History

Include date, type, and result(ex. Implants, Mastectomy, Lumpectomy, Biopsies, Radiation, etc.)

History of Cancer

Have you previously had any of the following cancers?

Cancer Type at Age Cancer Type at Age Cancer Type at Age
Breast Ovarian Other

Gynecological History

Premenopausal Perimenopausal Postmenopausal

First menstrual period at age: Hysterectomy at Age:
First Full-term Pregnancy at Age: Left Ovary was Removed at Age:
Number of Live Births: Right Ovary was Removed at Age:
Menopause at Age: Are you breast feeding? Yes No

Risk Factors

Have you been tested for any of the following cancer genes?
Outcome
BRCA1
BRCA2

Ashkenazi Jewish
No Known Previous Breast Biopsies No Known Family History of Cancer
Previous Chest Radiation Therapy at Age:
Previous Chemotherapy at Age:

Hormone History

Have you ever used or are you currently using any of the following hormones?

Table with columns: Currently Using, Age at First Use, Age at Last Use, Duration (Years, Months), Intended Duration. Rows include Hormonal Contraceptives, Progesterone, Raloxifene, Estrogen, Tamoxifen, Unspecified.

Technologist:

Please complete this page only if your family member(s) has(have) a history of breast or ovarian cancer.

Family History

Please list anyone in your family who has been diagnosed with cancer or been genetically tested for the cancer gene.

Form fields for patient status (New/Existing), relationship (Relative), name (First Name), and cancer type (Maternal/Paternal). Includes instruction: 'If your relative is a niece or cousin please add their parent's name here:'

Boxed area for recording cancer diagnosis: Cancer Type, At Age, and Unknown status.

Genetically Tested For: Outcome: fields

Form fields for patient status (New/Existing), relationship (Relative), name (First Name), and cancer type (Maternal/Paternal). Includes instruction: 'If your relative is a niece or cousin please add their parent's name here:'

Boxed area for recording cancer diagnosis: Cancer Type, At Age, and Unknown status.

Genetically Tested For: Outcome: fields

Form fields for patient status (New/Existing), relationship (Relative), name (First Name), and cancer type (Maternal/Paternal). Includes instruction: 'If your relative is a niece or cousin please add their parent's name here:'

Boxed area for recording cancer diagnosis: Cancer Type, At Age, and Unknown status.

Genetically Tested For: Outcome: fields

Patient:

Please Sign Above

Date