

# Dr. Kovacev Breast Cancer Screening and Risk Analysis Pathway

Name: \_\_\_\_\_  
 Birthday: \_\_\_\_\_  
 Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Age: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Breast Size: \_\_\_\_\_

Have You Experienced Any of the Following in the Last 3-6 Months?	Yes	No	Unsure
Breast Pain			
Breast Lump / Mass			
Nipple Discharge			
Skin Retraction or Nipple Skin Changes			
Breast Redness or Swelling			
Breast Rash, Itching, Scaling of Skin			
Breast Augmentation			
Change in Breast Size, Shape, Symmetry			
Can you express fluid from Nipples			
Lump in Neck, Collarbone Area			
Lump in Armpit			
Weight Loss			
Menstrual Irregularities			
Gynecologic Problems			
Change in Bowel or Bladder Habits			

Have You Had Any of the Following:

Clinical Breast Exam by Physician:  Yes  No Date: \_\_\_\_\_

Mammograms / Ultrasound / MRI  Yes  No Dates: \_\_\_\_\_

Results: \_\_\_\_\_

Number of Breast Biopsies: \_\_\_\_\_ Type:  FNA  Core  Surgery

Results: \_\_\_\_\_

Age Menstruation Began: \_\_\_\_\_ Menopause Age: \_\_\_\_\_  
(no menstruation for 12 months)

Have You Used Hormone Replacement (HRT) :  Yes  No

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Age at First HRT use: \_\_\_\_\_ Age of Last Use \_\_\_\_\_ # Years Used: \_\_\_\_\_

How Many Children Do You Have: \_\_\_\_\_

How Old Were YOU When Your 1st Child Was Born: \_\_\_\_\_

How Many Alcoholic Drinks Do You Have Per Day: \_\_\_\_\_ Type: \_\_\_\_\_

Have You Ever Had Radiation to the Breast or Chest  Yes  No

Do You Have a Known Genetic Cancer Mutation ?  Yes  No

If So Which:  BRCA I  BRCA II  PTEN  CHD1  P53  STK11

What is your Race:  Caucasian  Hispanic  African American  Asian

Other: \_\_\_\_\_

Please Place a Check For the Family Members Whom Have a Confirmed Diagnosis of Breast Cancer:

Family	Yes	No	Unsure	Age @ diagnosis
Father				
Mother				
Paternal Grandmother				
Maternal Grandmother				
Maternal Aunt				
Maternal Aunt 2				
Maternal Aunt 3				
Sister				
Sister				
Sister				
Other				

Is there any other items you wish to discuss with Dr. Kovacev?

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