

**Surgical Associates Of Tampa Bay Breast Questionnaire**  
**205 S.Moon Ave, Suite 102, Brandon, Fl. 33511**  
**(813) 681-4644**

**Date:** \_\_\_\_\_

Name (First & Last) \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Age at onset of menstruation? \_\_\_\_\_ Date of last period? \_\_\_\_\_

Number of pregnancies? \_\_\_\_\_ Number of children? \_\_\_\_\_

Age at first pregnancy? \_\_\_\_\_ Did you breast feed? \_\_\_\_\_

How many children did you breast feed? \_\_\_\_\_ How long? \_\_\_\_\_

Have you ever taken Birth Control Pills or Hormones? Yes/ No  
(Estrogen, Progesterone, Thyroid, Cortisone, or Premarin)

If Yes, how long? \_\_\_\_\_ Are you on any hormones now? Yes/ No

Do you do self breast exams? \_\_\_\_\_ How often? \_\_\_\_\_

Have you ever had any breast surgery? Yes/ No

Do you have ANY family members with a history of Breast Cancer? \_\_\_\_\_

If yes, Who? \_\_\_\_\_

Have you had any mammograms done? \_\_\_\_\_

If yes, date of last mammogram \_\_\_\_\_

Dates of previous mammograms \_\_\_\_\_ Where? \_\_\_\_\_

Do you still have your ovaries? Yes/ No

Do you drink coffee/tea/soft drinks? \_\_\_\_\_ Regular \_\_\_\_\_ Decaf \_\_\_\_\_

Do you add salt to your food at the table? \_\_\_\_\_

What is your present complaint about your breasts or reason for consultation? \_\_\_\_\_

\_\_\_\_\_