

BARBER & RICHARDSON, PC.
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NEW BREAST PATIENT

Name _____ Today's Date _____ Age _____

Occupation _____ Employer _____

Reason for visit _____

Height _____ Weight _____ Bra size _____

Age first period _____ Age at delivery of 1st child _____ Age of menopause _____

List of current physicians with first and last name (i.e. primary care, gyn, cardiologist):

Number of drinks:

Caffeine: Daily _____ Alcohol: Daily _____ Weekly _____ Rarely _____ None _____

Do you or have you ever smoked tobacco or used illicit substances? _____ No _____ Yes

If you answered "Yes", please elaborate. _____

If you have or have had any of the following please check and describe:

	Y or N	Comments
Nipple discharge	_____	_____
Estrogen/ HRT	_____	_____
Pregnancies	_____	_____
Family history of breast cancer	_____	_____
Family history of other cancers	_____	_____
Have you ever had a breast biopsy, or surgery?	_____	If so, when, where, and results? _____