Breast ultrasound

Initial medical interview

Date .....

Hello,

we are going to do a breast ultrasound scan. We have a few important questions for you. The answers you give will help us to assess your condition.

First name and surname .....

Date of birth .....

1. Why did you decide to have an ultrasound scan of your breasts? .....
2. Do you have any concerns about your breasts? .....YES/NO
   Describe the symptoms .....
3. Do you have or have you had breast cancer? .....YES/NO
   When? .....
4. Have you had radiotherapy or chemotherapy for breast cancer? .....YES/NO
   When? .....
5. Do you have with you documentation of previous breast imaging examinations (ultrasound, mammography)?
   .....YES/NO
6. Has anyone in your close family (parents, siblings, grandparents) had breast or ovarian cancer?
   .....YES/NO/DON'T KNOW
   Who? What type of cancer? .....
   Did this person get sick before the age of 40? .....YES/NO/DON'T KNOW
7. Have you had a BRCA1 or BRCA2 gene test done? .....YES/NO
   What was the result? .....
8. Are you currently taking hormone medications (e.g. hormonal contraception, hormone replacement therapy)?
   .....YES/NO
   What kind? .....
9. Have you had fine-needle or core-needle breast biopsies? .....YES/NO
   When? .....
   What was the result? .....
   Have there been any complications? .....
10. Have you had breast surgery? .....YES/NO
    What kind? .....
    When? .....

QUESTIONS FOR WOMEN ONLY:

11. Do you menstruate? .....YES/NO
    Date of your last menstrual period .....
12. Are you pregnant? .....YES/NO
13. Have you given birth to children? .....YES/NO
    How many times? .....
    When? .....
14. Have you been breastfeeding? .....YES/NO
    How long have you been breastfeeding in total? .....