

Forms for Website

Extended Breast Questionnaire

Patient Name: _____ Date: _____

Diagnosed with breast cancer:

Cancer Type: Metastatic ___ Local ___ Lymph node involvement ___

When Diagnosed: Month _____ Year _____

Where (left breast): UO ___ UI ___ LO ___ LI ___ Nipple _____

Where (right breast): UO ___ UI ___ LO ___ LI ___ Nipple _____

Treatment: Surgery ___ Chemo ___ Radiation ___ Other ___ None _____

Diagnosed with other Breast Disease:

Disease Type: Fibrocystic ___ Cystic ___ Mastitis ___ Abscess ___ Other _____

Diagnosed with Dense Breast Tissue? YES _____ NO _____

(Please report other types of disease in the history)

Breast Biopsies or Surgery:

Where (Left Breast): UO ___ UI ___ LO ___ LI ___ Nipple _____

Where (Right Breast): UO ___ UI ___ LO ___ LI ___ Nipple _____

