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Breast Health Questionnaire

Have you experienced any of the following? If yes, please describe.

- Skin Changes
- Breast Pain
- Other
- Breast Lump(s)
- Abnormal imaging
- Nipple discharge
- Enlarged Lymph node

Description: _____

Prior to this time, have you previously had a...?

- Breast biopsy
- Abnormal mammogram

Have you ever been treated for breast cancer? If so, what treatments did you receive?

- Non-applicable
- Sentinel lymph node biopsy
- Radiation therapy
- Lumpectomy
- Axillary lymph node biopsy
- Chemotherapy
- Mastectomy
- Breast reconstruction
- Anti-hormonal therapy

Reproductive and Gynecologic History

Age you started your period:		# of pregnancies:	
Age of menopause (if applicable):		# of live births:	
Have you ever used hormone replacement therapy? If yes, for how long?		# of miscarriages:	
Have you ever used birth control? If yes, for how long?		Age at first pregnancy:	

Any family members diagnosed with cancer in your family? E.g. Breast or ovarian cancer

Type of Cancer	Relationship to you	Age at diagnosis