Questionaire medical history

Please read and fill in the form carefully!

ABC
Ambulantes BrustCentrum
Praxis Dr. M. Danaei

Theaterplatz 6
52062 Aachen

Name: ……	Date of birth: ……
First name: ……	Phone number: ……
Street: ……	Health insurance: ……
Postcode/Town: ……	Referring doctor: ……

Preliminary medical investigations:	☐ Mammography, when? ……	☐ no
	☐ Sonography of the breast, when? ……	☐ no
	☐ MRI Scan, when? ……	☐ no

Family medical history:	
Positive family history of breast or ovarian cancer? ☐ yes ☐ no	
If yes, who was affected and at what age?	
☐ Mother: ……	☐ Maternal Grandmother: ……
☐ Sister: ……	☐ Paternal Grandmother: ……
☐ Aunt: ……	☐ Other: ……

Personal anamnesis:
Are you pregnant ? ☐ yes ☐ no ☐ not sure
Last menstruation? ……
Have you given birth to children? ☐ No ☐ yes, number of children: ……   Did you breastfeed? ☐ no ☐ yes
Do you use hormonal contraception? ☐ No ☐ yes, ……
Hormone replacement therapy during or after menopause? ☐ No ☐ yes, ……

Are diseases known?	
Cardiovascular system	☐ no ☐ yes,.....
Diabetes	☐ no ☐ yes, ...
Thrombosis	☐ no ☐ yes, ...
Thyroid disease	☐ no ☐ yes,.....
Gastrointestinal disease	☐ no ☐ yes,.....
Gynaecological disease	☐ no ☐ yes,.....
Cancer	☐ no ☐ yes,.....
- breast cancer	☐ no ☐ yes,.....
- ovarian cancer	☐ no ☐ yes,.....

Operations?	
☐ no	☐ yes When and what kind of operation? ....

Do you regularly take medication?	
☐ no	☐ yes ....

Date and signature:

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