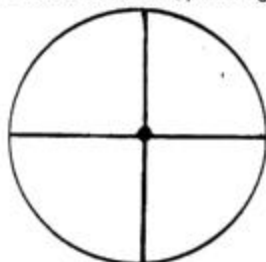


GULF COAST SURGICAL CLINIC

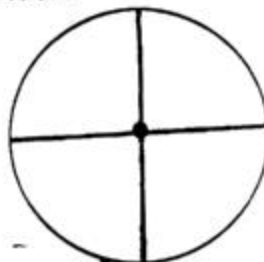
ANIL K. SINHA, MD, FACS

BREAST EVALUATION

1. At what age did you begin menstruating? _____
2. How old were you when you had your first pregnancy? _____
3. When was your last period? _____
4. Do you examine your breasts? _____
5. Do you examine them monthly and at the same time each month? _____
6. Can you feel a mass? _____
7. Please place an "X" over the corresponding area on the diagram below:



RIGHT



LEFT

8. How long has the mass been there? _____
9. Have you noticed any changes? _____
If yes, please describe: _____
10. Is the mass painful? _____
If yes, please describe the pain: _____
11. Do you have any other masses? _____
If yes, where? _____
12. Have you noticed changes in skin color? _____
If yes, please describe: _____
13. Have you noticed any nipple changes or discharge? _____
If yes, please describe: _____
14. Have you had a mammogram? _____
When was your first mammogram? _____
When was your last mammogram? _____
15. Do you have fibrocystic changes? _____
16. If you have had other tests related to your breast, please list the name of the test, date and location of where the test was done: _____
17. Do you have a family history of breast cancer? _____
If yes, Please tell us who and at what age they were diagnosed: _____

Patient signature: _____

Date: _____

Phys. Rev.: _____