



המרכז הרפואי
הלל יפה

מומחים באנשים



שירות | מומחיות | קידמה | מחקר

Date _____



Questionnaire For Examinee

First Name _____ Surname _____ Year of Birth _____ Weight _____ Height _____

Home Tel No. _____ Cellular: _____ **I DECLARE THAT I AM NOT PREGNANT** _____

Last menstruation date _____ First menstruation at age _____ Number of pregnancies _____

Number of Children _____ Age at time of first birth _____

Have you undergone a mammography previously	No	Yes	When ?	Where?
Breast feeding	No	Yes	How long in aggregate	
Have you undergone a hysterectomy and/or had polycystic ovary syndrome	No	Yes	When?	
Hormone treatment - birth control pills	No	Yes	How long for?	Type
Fertility treatment	No	Yes	How long?	
Family history of breast cancer	No	Yes	What relationship?	At what age?
Family history of ovarian cancer	No	Yes	What relationship?	At what age?
Plastic surgery of breast	No	Yes	When?	
Biopsy of right breast	No	Yes	When?	Malignant/benign
Biopsy of left breast	No	Yes	When?	Malignant/benign
Surgery for removal of growth in right breast	No	Yes	Type of surgery	
Surgery for removal of growth in left breast	No	Yes	Type of surgery	
Radiation treatment of breast	No	Yes	When?	
Chemotherapy	No	Yes	When?	
Tamoxifen	No	Yes	When?	
Have you suffered from a malignant disease	No	Yes	Which one?	
Sensitivity to medications	No	Yes	Which one?	

Reason for conduct of mammography and breast complaints

- None/Monitoring New Lump Nipple Discharge
 There is Skin changes Other _____

Referring Party _____

Technician _____

