Nebraska
Surgical Specialists
Paul Kampfe, M.D.

2222 South 16th St., Suite 200
Lincoln, NE 68502
Ph. 402-475-9090
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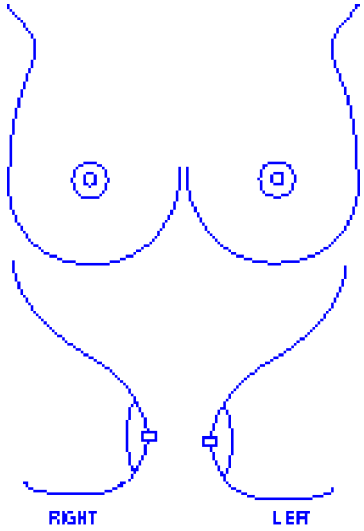
Date:_____

Name:_____

If you or your doctor has felt a lump, please indicate with an X the area(s) on this picture:

If you have had a surgery, please mark this area with an S.



PERSONAL HISTORY

Do you now, or have you ever:

	Yes	No	Right Breast	Left Breast	When
NURSING?			_____	_____	
A BREAST LUMP					
BREAST PAIN					
NIPPLE DISCHARGE					
CYST DRAINED					
NEEDLE BIOPSY					
MASTECTOMY					
BREAST IMPLANT					
BREAST RECONSTRUCTION					
HYSTERECTOMY					
MENOPAUSE					

BREAST CANCER RISK ASSESSMENT

WHAT IS YOUR CURRENT AGE? _____
WHAT WAS YOUR AGE AT THE TIME OF FIRST PERIOD? _____
WHAT WAS YOUR AGE AT THE TIME OF FIRST LIVE BIRTH? _____
DATE OF LAST PERIOD? _____
HOW MANY MOTHER/SISTERS/DAUGHTERS HAVE HAD BREAST CANCER? _____
HOW MANY PREVIOUS BREAST BIOPSIES HAVE YOU HAD? _____
WAS ANY BIOPSY CALLED "ATYPICAL HYPERPLASIA"? ❑ Yes ❑ No ❑ Unknown

How many full-term **PREGNANCIES** have you had? Please circle:

0 1 2 3 4 5 6 7 8 9 10 11 12

Have you ever taken female **HORMONES**? ❑ Yes ❑ No

Type: ❑ **Estrogen & Progesterone** ❑ **Estrogen** ❑ **Progesterone**
❑ **Birth Control Pills** ❑ **DES** ❑ **Other:** _____

What year or years did you take them? _____

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LIFESTYLE RISK FACTORS

DO YOU CURRENTLY SMOKE?	❑ Yes	❑ No
DO YOU TAKE VITAMIN A?	❑ Yes	❑ No
DO YOU TAKE EVENING PRIMROSE OIL?	❑ Yes	❑ No
DID YOUR MOTHER TAKE DES WHILE PREGNANT WITH YOU?	❑ Yes	❑ No
HOW MUCH CAFFEINE DO YOU DRINK PER DAY?		

FAMILY HISTORY

Has anyone had:

	Mother	Sister	Grandmother	Other
BREAST PAIN				
NIPPLE DISCHARGE				
LUMP REMOVED				
CYST DRAINED				
NEEDLE BIOPSY				
FIBROCYSTIC DISEASE				
BREAST ABSCESS				
BREAST CANCER				
OVARIAN CANCER				
CERVIX CANCER				
COLON CANCER				
DES (Diethyl Stilbesterol)				

For physician use only