

VILLE MARIE ANNUAL RISK ASSESSMENT QUESTIONNAIRE

Name: _____ Ville Marie File No: _____

Date of birth: _____

YOUR BREAST HEALTH HISTORY:

1- Have you ever had a breast biopsy (removal of breast tissue for analysis) ?

NO YES Result: ADH DH ALH LCIS Non specific

When: _____ Where: _____

2- Have you ever had breast cancer?

NO YES right breast left breast both breasts? At what age(s)? _____

3- have you even had breast surgery?

NO YES breast reduction mastectomy

YOUR FAMILY:

- 4- Do you have any daughters? NO YES Number _____ What are their ages? _____
 Do you have any sons? NO YES Number _____ What are their ages? _____
 Do you have any sisters? NO YES Number _____ What are their ages? _____
 Do you have any brothers? NO YES Number _____ What are their ages? _____
 Does your mother have sisters? NO YES Number _____ What are their ages? _____
 Does your mother have brothers? NO YES Number _____ What are their ages? _____
 Does your father have sisters? NO YES Number _____ What are their ages? _____
 Does your father have brothers? NO YES Number _____ What are their ages? _____

5- Please provide the details of any members of your family who have had any type of cancer:

Relationship to yourself <small>(i.e. mother, brother, maternal/paternal, cousins, etc.)</small>	Name	Type of cancer	Age at diagnosis of cancer	Current age	Deceased at age
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

YOUR CURRENT WEIGHT AND HEIGHT:

6- What is your weight? _____ lbs _____ OR _____ kg

7- What is your height? _____ feet _____ inches OR _____ m

YOUR MENSTRUAL AND REPRODUCTIVE HISTORY:

- 8- How many pregnancies have you had (include miscarriages and abortions)? _____
 9- How many children do you have? _____
 10- If you have had pregnancies, how old were you when your first child was born? _____ years
 11- Are you currently pregnant? NO YES UNSURE
 12- Are you currently breast-feeding? NO YES
 13- Have you completed your family? NO YES UNSURE

YOUR MENSTRUAL AND REPRODUCTIVE HISTORY (continued):

- 14- How old were you when you had your first menstrual period? _____ years
- 15- If you are not pregnant now, are you currently having regular menstrual periods?
- NO: menopausal since age of _____ years
 YES: date of last period _____ other: _____
- 16- Have you had a hysterectomy? NO YES at what age? _____
- 17- Have both of your ovaries been removed? NO YES at what age? _____

YOUR HORMONE USE HISTORY:

- 18- Have you ever used a birth control pill?
- YES, currently YES, in the past NO, never
 Starting at what age? _____ For how many years? _____
- 19- Have you ever had hormone replacement therapy (estrogen, progesterone)?
- YES, currently YES, in the past NO, never
 Starting at what age? _____ For how many years? _____

YOUR MEDICAL HISTORY:

- 20- Have you ever taken the following medications? (*circle those taken*) : Tamoxifen Raloxifen Arimidex Femara Aromasin
- NO YES, in the past YES, currently UNSURE
- 21- Have you ever had another type of cancer?
- NO YES At what age? _____ ans Which type? _____
- 22- Have you ever had or do you currently have any medical conditions?
- NO YES Please provide details: _____
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- 23- What is your ethnic background?
- Caucasian Arabic Asian African-American Haitian Hispanic Aboriginal
 Other-please specify: _____
- 24- Do you have any of the following ancestries?
- French Canadian Ashkenazi Jewish Eastern European
 father mother father mother father mother
- 25- Have you ever smoked?
- NO YES, in the past YES, currently
- 26- Have you ever undergone genetic testing for the detection of BRCA1 or BRCA2 genes?
- NO YES Result: genetic alteration no genetic alteration
 Which clinic _____ When _____
- 27- Have any of your family members ever undergone genetic testing for the detection of BRCA1 or BRCA2 genes?
- NO YES Result: genetic alteration no genetic alteration
 Which clinic _____ When _____

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Breast Cancer Risk Assessment
Clinic Ville Marie
 Medical Arts Building
 1538 Sherbrooke West Street (Guy corner)
 Suite 910
 Montreal (Quebec) Canada H3G 1L5
 T. (514) 933-2778 Fax (514) 788-1857
 risk@villemariemed.com

