Informations about medical history

To make you consultation complete in the clinic on hereditary breast and ovarian cancer please fill in this questionnaire and bring it with you to your appointment.

name:

height: weight:

age at first menstruation:

date of last menstruation:

menopause? since when?

Number of pregnancies:

Age at first birth:

Number of live births:

Duration of breast feeding (for all children together):

Duration of oral contraceptives: drug name:

Hormone replacement therapy? drug name:

duration:

operations:
(please bring operation and pathology reports if possible)

Do you examine your breasts yourself? how often?

Name of your gynecologist:

Last visit at your gynecologist: what did she/he do?

other diseases:

profession: