capitalhealth
CENTER FOR
COMPREHENSIVE BREAST CARE

**LISA R. ALLEN, M.D.**
**ROSE E. MUSTAFA, M.D.**
Capital Health
Center for Comprehensive Breast Care
Two Capital Way, Suite 505
Pennington, NJ 08534

# FAMILY HISTORY OF CANCER

Patient Name:_____ D.O.B_____

## Family History of Cancer

This includes grandparents, parents, uncles, aunts, siblings, cousins, children, nieces, nephews, and grandchildren)

☐ Unknown/Adopted ☐ None

| Relationship | Maternal/Paternal | Age at Diagnosis | Type of Cancer | Alive? | Died from Cancer? |
|---|---|---|---|---|---|
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

## Gynecologic History

How old were you when you had your first period? _____

When was your last period? _____

At what age did you go through menopause? _____

How many times were you pregnant? _____

How many children do you have? _____

Have you ever had a miscarriage or abortion? _____

How old were you when your first child was born? _____

Did you breast feed?/For how long? _____

Have you ever taken hormone replacement therapy (for menopause)?/For how long? _____

_____

Have you ever taken birth control?/For how long? _____

When was your last mammogram?/Was it normal? _____

Have you ever had an abnormal mammogram? _____

When was your last Pap smear?/Was it normal?_____

Have you ever had an abnormal Pap smear? _____