



**Fort Belvoir
Community
Hospital**

Breast Care Center

Phone: 571.231. or 571.231.

Fax: 571.231.

Location: Sunrise Pavilion, Floor 1, Reception 2

OFFICE USE ONLY			
Room number		Provider	
		High risk?	<input type="checkbox"/> Yes <input type="checkbox"/> No
		Five Year Gail Model	
		Lifetime Gail Model	
		Claus Model	

PATIENT INFORMATION			
Patient Name			Date of Birth
Date		Phone Number	
Last breast imaging and location			Age
Reason for visit			
Are you a breast cancer survivor (DCIS or LCIS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Have you had BRCA1 or BRCA2 genetic testing, and if so, did you have the mutation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Age at first period?		Age at first live pregnancy?	
How many biopsies have you had?		Did any show atypical hyperplasia?	<input type="checkbox"/> Yes <input type="checkbox"/> No
What is your ethnic background?			
Who in your family has had breast cancer?			
At what age were they diagnosed?			
Are you taking any hormones?			
Breast implants?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Breast reduction?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other breast surgeries?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Prior surgeries and dates			
Relatives who have had	Breast cancer (Enter age at diagnosis)	Ovarian cancer (Enter age at diagnosis)	Other cancer (Enter age at diagnosis)
Mother			
Sister(s)			
Daughter(s)			
Father's relative(s)			
Mother's relative(s)			