



**SAND LAKE
IMAGING**

A tradition of imaging excellence.

BREAST CANCER RISK ASSESSMENT TOOL

Patient Name: _____ DOB: _____ MRN# _____

1. Do you have a medical history of any breast cancer or ductal carcinoma in situ (DCIS), or lobular carcinoma in situ (LCIS)?
 - a. Yes
 - b. No

2. Do you have a mutation in either the BRCA1 or BRCA2 gene, or a diagnosis of a genetic syndrome that may be associated with elevated risk of breast cancer?
 - a. Yes
 - b. No
 - c. Unknown

3. What is your age?
Age: _____

4. What is your race/ethnicity?
 - a. White
 - b. African American
 - c. Hispanic:
Born outside USA Born inside USA
 - d. Asian American:
Chinese Filipino
Hawaiian Pacific Islander
Japanese Other Asian
 - e. American Indian or
Alaska Native
 - f. Unknown

5. Have you ever had a breast biopsy?
 - a. Yes
 - b. No
 - c. Unknown
 - 5a. How many breast biopsies (positive or negative) have you had?
 - a. One
 - b. Two or more
 - 5b. Have you ever had a breast biopsy with atypical hyperplasia?
 - a. Yes
 - b. No
 - c. Unknown

6. What was your age at the time of your first menstrual period?
 - 7-11 years old
 - 12-13 years old
 - 14 or older

7. Your age at the birth of your first child?
 - No births
 - 25-29 years old
 - <20 years old
 - 30+ years old
 - 20-24 years old
 - Unknown

8. Have any of your first-degree relatives --mother, sister, daughter--had breast cancer?
 - None
 - More than one
 - One
 - Unknown