JIYUGAOKA MIKI BREAST CLINIC
自由が丘 みきブレストクリニック

Breast Clinic Questionnaire

Please fill in this form before consultation as far as you can.

Address 〒 TEL：

Name M・F Age

- 1st menstruation（ ）years old
- Menopause（ ）years old (Artificial ・ Natural)
- Menstruation cycle ☐Regular ☐Irregular（ days cycle)
- Recent menstruation
- Pregnant history ☐No ☐Yes（ ）times ☐Pregnant
- Have you ever breast-fed? ☐No ☐Yes（ ）years ago ☐Currently breast-feeding

I. Reason for visit
☐Health screening ⇒ Go #3 ☐Have symptom ⇒ Go #2

II. Please answer if you have symptom
Do you have pain? No / Yes (Left・Right)
Do you have lump? No / Yes (Left・Right)
Do you have secretions from nipple? No / Yes（ Left ・ Right ）
Have you ever been advised to take detailed examination by health screening?
No / Yes If yes, which exam? Inspection and palpation / ultrasound / mammography

III. Have you had breast surgery or breast biopsy? No / Yes（ Left ・ Right ）
If yes, name of illness or breast biopsy? No / Yes（ Left ・ Right ）
If yes, name of illness or surgery（ ,when? / / ）

IV. Have you ever been diagnosed with breast illness?
No / Yes（ Left ・ Right ） If yes, which place?
☐This clinic (Health screening / Outpatient) ☐Health screening at other clinic
☐Other clinic ☐Others( )

V. Do you family or relatives have breast cancer? No / Yes (What age?)

VI. Medical history
If you have any illness which is under treatment or regular follow-up, please put a check where applicable.
☐Glaucoma ☐Asthma ☐Allergy( ) ☐Others

VII. Medication history
Are you currently taking medicine? ☐No ☐Yes, Name of the medicine( )

Thank you for answering.
If you have any question, please feel free to ask us.