

Cancer Screening History

Breast Cancer Screening (write N/A if never performed):

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

When was your most recent mammogram? (year and month if known) _____

Have you ever had a breast MRI? **Y** **N**

If yes, when? _____

Have you ever had a breast biopsy? **Y** **N**

How many were normal? _____ Don't know

How many were "atypical ductal hyperplasia (ADH)"? _____ Don't know

How many were "lobular carcinoma in situ (LCIS)" or "lobular neoplasia"? _____ Don't know

If possible, please provide additional details below (approximate date of procedure, the hospital, etc)

Colon and Gastrointestinal Cancer Screening (write N/A if never performed):

Have you had a colonoscopy? **Y** **N**

Age at first exam: _____ How often/total number of colonoscopies: _____

Have polyps been found?: **Y** **N** Total number of polyps (if known): _____

Did any of your colonoscopies take place at a civilian facility? **Y** **N**

If yes, please list details below (hospital, year, number of polyps if known, etc):

Have you had any other gastrointestinal cancer screening assessments? (ex: EGD) **Y** **N**

If yes, please describe below (including procedure type, facility, year, and results if known):

When was your last pelvic/gynecology exam? (or N/A) _____

When was your last skin/dermatology screening? (or N/A) _____

Have you ever had lesions (lumps or bumps) removed from your skin? **Y** **N**

If yes, please describe (finding, facility, year if known):

*When you've completed your intake paperwork, please send it to your genetics provider. If you have had procedures performed at **civilian facilities** (ex: breast biopsy, colonoscopy), please do your best to obtain a copy and enclose it with your intake forms.*