

**Total Women's Care Inc.**

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**BREAST CANCER RISK SURVEY**

Patient Name? \_\_\_\_\_

Date: \_\_\_\_\_

1. Have you ever had breast cancer?  Yes  
 No

*If you marked "yes", you have completed this survey. Please give the survey to your health care provider.*

2. Have you ever had a breast biopsy that showed lobular carcinoma in situ (LCIS) or ductal carcinoma in situ (DCIS)?  Yes  
 No  
 Don't Know

3. How old are you?

4. How old were you when you had your first menstrual period?

5. How old were you when your first child was born? ( enter 0 if you have no children)

6. How many of your sisters, daughters, or mother have had breast cancer?

7. Have you ever had a breast biopsy? ( a breast biopsy is when the doctor removes tissue from your breast to test for cancer)  Yes  
 No  
 Don't know

7a. If yes, how many breast biopsies have you had?

- 7b. Did the doctor ever tell you that one of your biopsies showed atypical hyperplasia?  Yes  
 No

8. What is your race?  White  
 Black  
 Asian

*Thank you for completing this survey. Please give the survey to your health care provider. The doctor will discuss the results with you.*

Gail Risk Score: