

## *Breast & Gynecological History*

- 1. Age of first period?**
- 2. Menopausal?**
- 3. Age of first pregnancy?**
- 4. Number of children?**
- 5. Did you breastfeed?**
- 6. Any current/previous use of Oral Contraceptives?**
- 7. Any current/previous use of Hormone Replacement Therapy?**
- 8. Gynecological Surgeries?**
- 9. Breast cup size?**
- 10. Any bone pain?**
- 11. Any nipple discharge?**
- 12. Number of breast biopsies on either breast?**
- 13. History of trauma to breasts?**
- 14. Have any relatives tested positive for genetic testing?**