## TALK WITH YOUR HEALTH CARE PROVIDER ABOUT BREAST CHANGES



RECENT BREAST CHANGES	
These are the breast changes or problems I have noticed:	
This is what the breast change looks or feels like:  For example:  Lump is hard  Lump is soft  Breast feels tender  Breast feels swollen	This is where the breast change is:  For example:  Both breasts feel different Only one breast feels different What part of the breast feels different?
How big is the lump? What color is the nipple discharge?  This is when I first noticed the breast change:  Since then, this is the change I've noticed (for example, has it stayed the same or gotten worse?):	
PERSONAL MEDICAL HISTORY	
I've had these breast problems in the past:	
These are the breast exams and tests that I have had:	
My last mammogram was on this date:  My last menstrual period began on this date:	These are the medicines or herbs that I take:
Right now, I:  Have breast implants Am pregnant Am breastfeeding	I've had this type of cancer before:
FAMILY MEDICAL HISTORY	
My family members have had these breast problems or diseases:	These family members had breast cancer:
	They were this old when they had breast cancer: