



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

How big is the lump? What color is the nipple discharge?

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?

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:

Right now, I:

- Have breast implants
- Am pregnant
- Am breastfeeding

These are the medicines or herbs that I take:

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: