



## Sisters Network Inc.

**Sisters Network Affiliate Chapter: Nashville**  
**P.O. Box 280465**  
**Nashville, Tennessee 37228**

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
(PLEASE PRINT)

Address: \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_ Age: \_\_\_\_\_ Marital Status: \_\_\_\_\_

Education: \_\_\_\_\_ High School \_\_\_\_\_ Some College \_\_\_\_\_ College Degree \_\_\_\_\_ Graduate Degree

### HISTORY:

Do you have a family history of breast cancer?  Yes  No

If yes, who?  Mother  Paternal Grandmother  Maternal Grandmother  Aunt  Sister  
 Other \_\_\_\_\_

Do you have children?  Yes  No if yes, age at first pregnancy \_\_\_\_\_

Have you ever had a previous breast biopsy?  Yes  No If yes, how many? \_\_\_\_\_

Have you had at least one biopsy with atypical hyperplasia?  Yes  No

How was the mass/lump detected?  Self (BSE)  Mammogram  Clinician/Physician (CBE)  Other

Before diagnosis, were you?

Performing monthly breast self exams (BSE)   No  
Yes

Getting annual clinical breast exams (CBE)   No  
Yes

Having annual mammograms   No  Not Applicable  
Yes

### DIAGNOSIS

Date of diagnosis: \_\_\_\_\_ Age at diagnosis: \_\_\_\_\_

What was your exact diagnosis? \_\_\_\_\_

What stage? \_\_\_\_\_ Left breast \_\_\_\_\_ Right breast \_\_\_\_\_ Both \_\_\_\_\_

Estrogen receptor:  Positive  Negative

How many lymph nodes removed? \_\_\_\_\_ How many were positive? \_\_\_\_\_