



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) Yes No

Getting annual clinical breast exams (CBE) Yes No

Having annual mammograms Yes No Not Applicable

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? _____



Sisters Network ® Inc.

Sisters Network Affiliate Chapter: Nashville, Tennessee Membership Application Continued

Last Name _____

TREATMENT

Lumpectomy _____ Modified radical mastectomy _____ Bilateral mastectomy _____

Radical mastectomy _____ Date of surgery: _____

Where: _____

Result/Outcome _____

Radiation Therapy: Yes No When: _____

Where: _____

Result/Outcome _____

Chemotherapy Therapy: Yes No When: _____

Where: _____

Type: _____

Result/Outcome _____

Have you had a recurrence? Yes No How many? _____

When: _____

Where did the recurrence occur? _____

Do you wear prosthesis? Yes No Are you considering reconstruction? Yes No

When: _____ Where: _____

Do you have any special skills/talents that you might wish to share with the organization? (public speaking, grant writing, etc.)

Are you interested in special training to educate other people? Yes No

Employed by: _____

Position: _____



Sisters Network Nashville ® Inc.

Sisters Network Affiliate Chapter: Nashville, Tennessee Associate Membership Application (Family member [that is not a Survivor] desiring to be a part of Sisters Network Nashville)

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 _____

The sole purpose of this form is to collect data specifically relating to Sisters Network members. This information will be included in a database which will enable SNI to evaluate and determine which factors, such as family history, early detection practices, treatment variances, types and stages of diagnosis, socio-economic factors, and treatment facilities, play a pivotal role in breast cancer development, diagnosis, treatment, survivorship, and quality of life. All information provided on this form will be kept confidential and access to this information will be strictly regulated and monitored. Your data will be entered into the database under a membership number; your name will not be included.