

BREAST CANCER QUESTIONNAIRE

Name _____ Date _____

Type of Cancer _____ Which Breast _____ Left _____ Right _____

Estrogen Sensitive? _____ Yes _____ No Progesterone Sensitive? _____ Yes _____ No

Number of Masses _____ Size of Mass (es) _____

Lymph Node Involvement? _____ Yes _____ No _____ How Many? _____

Mastectomy or Lumpectomy? (circle) Date of Surgery _____

Chemotherapy Protocol (medications used and duration) _____

When Did/Will Chemo Treatments Start? _____

Radiation? _____ Yes _____ No

If So, When Did/Will Radiation Start? _____

Have You taken Birth Control Pills? _____ When & How Long? _____

Have You Taken Hormone Replacement? _____ When & How Long? _____

Have You Taken Fertility Drugs? _____ When & How Long? _____

Additional Information: _____

Nancy Barnett, L.Ac.
36 Malaga Cove Plaza, Suite 203
Palos Verdes, CA 90274
Tel: 310-791-2624 Fax: 310-791-2626