

Breast Cancer Risk Assessment Tool

Source: National Cancer Institute

Name: _____
Last First MI

Date of Birth: ____/____/____

Please complete the following assessment below, noting the following:

- Your results for this assessment will be included in your mammogram report and will be sent to your referring physician.
- This is not intended for women under age 35.
- This should not be used to calculate breast cancer risk for women who have already had a diagnosis of breast cancer, lobular carcinoma in situ (LCIS), or ductal carcinoma in situ (DCIS).

1. Do you have a medical history of any breast cancer or of ductal carcinoma in situ (DCIS) or lobular carcinoma in situ (LCIS)? *check all that apply*

Breast Cancer DCIS LCIS None

2. What is your age? _____

3. What was your age at the time of your first menstrual period? _____

4. What was your age at your first live birth of a child? (If not applicable, write n/a) _____

5. How many of your 1st degree relatives (mother, sisters, daughters) have had breast cancer? _____

6. Have you ever had a breast biopsy? Yes No

If yes, how many previous breast biopsies (positive or negative) have you had? _____

If yes, have you had at least one breast biopsy with atypical hyperplasia? Yes No

7. What is your race/ethnicity? _____

For scheduling information about the North Fulton Imaging Services, call 770-751-2720.