

James E Vogel, M.D.
4 Park Center Court, Suite 100
Owings Mills, Maryland 21117
(410) 484-8860

BREAST QUESTIONNAIRE

Patients Name: _____

Age: _____ DOB: _____

1. Your Height? _____ Weight? _____

2. What size bra do you wear? _____

3. What size would you like to be? _____

4. How many children do you have? _____ Ages? _____

5. Breast feed? _____ Yes _____ No How many children? _____

6. Did your breast change size with pregnancy? _____ Yes _____ No

7. If yes, how much in bra size? _____

8. Have you ever had a mammogram? _____ Yes _____ No

9. If yes, when? _____

10. Any breast disease or tumors? _____

11. If yes, explain? _____

12. Has anyone in your family had any breast diseases or tumors? _____ Yes _____ No

13. If yes, explain? _____

14. Are you using any form of birth control? _____ Yes _____ No

15. If yes what form? _____

INFORMATION BELOW TO BE FILLED OUT BY OFFICE ONLY

NEEDS PRE-OP MAMMOGRAM _____ YES _____ No