BREAST HISTORY

the PArlor
RECONSTRUCTIVE TATTOOS

NAME: ______________________________ Today's Date: __________

Date of Birth: ____________________

HISTORY OF BREAST CANCER? YES / NO

Which Side? Left / Right / NA Gene Positive for Breast Cancer? Yes / No

FIRST BREAST SURGERY: ______________________________ Date: __________

Surgeon / Location: ______________________________

SUBSEQUENT BREAST SURGERIES:

Surgery Performed	Date	Surgeon / Location

HISTORY OF RADIATION:

History of Mantle Radiation for Hodgkin's Lymphoma Yes / No End Date: __________

History of Breast/ Chest Wall Radiation Yes / No End Date: __________

HISTORY OF CHEMOTHERAPY:

History of Chemotherapy for breast cancer Yes / No End Date: __________

History of Chemotherapy of other cancer Yes / No End Date: __________