**Mastalgia Proforma – Patient Demographics**

**Date of appointment: ……………………..**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Location of breast pain** | **Left** | | **Right** | | **Bilateral** | | | | |
| **Duration of symptoms** | **Weeks / Months / Years** | | | | | | | | |
| **Menopausal status** | **Pre-men** | **Peri-men** | | **Post-men** | | **Uncertain** | | | |
| **Description of symptoms** |  | | | | | | | | |
| **Type of pain** | **Aching** | **Shooting/ sharp** | | **Burning** | | | **Other** | | |
| **Does the pain radiate? If so where?** | **Yes:** | | | | | | | | **No** |
| **Any exacerbating / relieving factors?** |  | | | | | | | | |
| **Does it disturb your sleep?** | **Yes** | | | **No** | | | | | |
| **Does it occur at rest?** | **Yes** | | | **No** | | | | | |
| **Is it related to your menstrual cycle?** | **Yes** | | | **No** | | | | | |
| **Recent commencement or change of HRT or contraception?** | **Yes**  **Details:** | | | **No** | | | | | |
| **Any red flag symptoms?** | **No** | **Breast lump** | | **Skin changes** | | | | **Nipple discharge /inversion** | |
| **Any family history of breast cancer?** | **Yes**  **Who?** | | | **No** | | | | | |
| **Any family history of ovarian cancer?** | **Yes**  **Who?** | | | **No** | | | | | |
| **Referral to family history clinic?** | **Yes** | | | **No** | | | | | |
| **Any breast imaging in the past 12 months?** | **Yes**  **Details** | | | **No** | | | | | |
| **Additional comments** |  | | | | | | | | |