**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** |  |