

# Breast Care Specialists



*Respected by doctors...  
...trusted by patients.*

*Center of Excellence for Breast Care and Cancer*

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Board-Certified by the American Board of Surgery

## Specialized Breast Care

- Breast Cancer Comprehensive Treatment
- Early Detection
- Benign Lumps and Cysts
- Fibrocystic Disease
- Breast Self-Exam Instruction
- Risk Reduction Strategies
- Counseling and Support Groups
- Genetic Counseling and BRAC Testing
- Surgical Bras and Prosthesis

## The Latest Advances

- Minimally Invasive Nonsurgical Biopsy
- Digital Mammograms
- Digital Ultrasound
- Breast MRI / MRI Biopsy
- Ultrasound Guided Large Core and Fine Needle Biopsy
- Intact Biopsy
- Outpatient Breast Surgery
- Sentinel Node Biopsy
- Oncoplastic Surgery
- Skin / Nipple Sparing Mastectomy
- Stereotactic Biopsy
- Partial Breast Radiation
- Halo Pap Test For The Breast
- L-Dex For Lymphedema

## Your Peace of Mind

- Most Insurances Accepted and Filed For You
- Convenient Appointment Times
- Friendly, Caring and Compassionate Staff
- Major Credit Cards
- Flexible Financing
- State-Of-The-Art Website

## Family History Questionnaire for Hereditary Cancer

**Patient Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please check all that apply, if you have a personal history and/or family history of any of the following conditions. Enter the number of occurrences in the "NUMBER OF CASES" column:

| CONDITION   | PATIENT                  | MOTHER'S SIDE            | FATHER'S SIDE            | NUMBER OF CASES |
|---|--------------------------|--------------------------|--------------------------|-----------------|
| <b>Breast cancer</b> (diagnosed prior to age 50)      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Ovarian cancer</b> (any age)                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Endometrial cancer</b> (prior to age 50)           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Colorectal cancer</b> (prior to age 50)            | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Colorectal adenomas</b><br>(>20 cumulative polyps) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Melanoma</b> (multiple primary)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| <b>Pancreatic cancer</b> (any age)                    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____           |
| Other: _____  |                          |                          |                          |                 |

Ashkenazi Jewish Ancestry? Yes  No

**FOR OFFICE USE ONLY**

Hereditary Cancer Syndrome Suspected:  YES  Not at this time