

SISTERS NETWORK® MILWAUKEE CHAPTER

I want to help stop the silence. I pledge to help the Milwaukee Chapter with its breast health, outreach and education efforts. I understand that there are no survivor membership dues. I am willing to support my chapter with my survivor time, talent and willingness to serve. Initial _____

Name _____ Date: _____

Address _____ City/State/Zip _____

Phone: _____ Employer/Position _____

*Email _____ Age _____ Marital Status _____

(*Important for future communications)

Education :: _____ High School _____ Some College _____ College Degree _____ Graduate Degree

How did you find out about the Milwaukee Chapter? _____

Survivor History ::

Do you have a family history of breast cancer? Yes No

If yes, who? Mother Paternal Grandmother Maternal Grandmother Aunt Sister

Other _____

Do you have children? Yes No If yes, age at first pregnancy _____

Did you have a breast biopsy? Yes No If yes, was it repeated before being diagnosed? _____

When younger, did you have at least one biopsy with atypical hyperplasia (cell growth)? Yes No

How was the mass/lump detected? Self (BSE) Mammogram Clinician/Physician (CBE)

Other (please describe) _____

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PO Box 250336 Milwaukee WI 53225 :: 414.745.7831 :: www.sisters4cure.org

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Before diagnosis were you ::

Performing monthly breast self exams (BSE) Yes No
 Getting annual clinical breast exams (CBE) Yes No
 Having annual mammograms Yes No Could not afford Too early age wise

The sole purpose of this part is to collect data specifically relating to Sisters Network members. This information will be included in a database which will enable SNI to evaluate and determine which factors, such as family history, early detection practices, treatment variances, types and stages of diagnosis, socio-economic factors, and treatment facilities, play a pivotal role in breast cancer development, diagnosis, treatment, survivorship, and quality of life. All information provided on this form will be kept confidential and access to this information will be strictly regulated and monitored.

Your data will be entered into the database under a membership number; your name will not be included.

Diagnosis ::

Date of diagnosis _____ Age of diagnosis _____

What was your exact diagnosis? _____

Left _____ Right _____ Both _____ What stage? _____

Estrogen receptor ___Positive ___Negative Her2 Status _____

How many lymph nodes removed? _____ How many were positive? _____

Treatment ::

Surgery Yes No If yes, how many? _____

Lumpectomy L ___ R ___ Partial mastectomy L ___ R ___ Bilateral mastectomy _____

Mastectomy L ___ R ___ Date(s) of surgery _____

Node dissection _____ Number removed _____ Number positive _____

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Treatment _____

Please share your feelings about being diagnosed with breast cancer _____

Special skills/talents that you wish to share with the organization such as public speaking, grant writing, website maintenance, committee membership, fundraising, etc _____

Please list your involvement with other cancer groups: _____

Are you interested in special training to educate other people? Yes No

Donations are welcomed and highly appreciated

_____ I am making a tax deductible contribution to the Milwaukee Chapter in the amount of \$ _____
employee/church matching is available _____ Employer/Church _____

Make checks payable to Sisters Network® Inc. Milwaukee Chapter

Please charge my :: _____ MasterCard _____ Visa _____ American Express

Name as appears on Card _____

Card # _____

Expiration date ____/____/____ Signature _____

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