

# Breast Cancer Risk Assessment

## Restore Balance Natural Health Center LLC

Your Name \_\_\_\_\_ Age \_\_\_\_\_ Assessment Date \_\_\_\_\_

1. **Your sex** – are you a female patient or male? Female / Male (please circle one)

2. **Your age** \_\_\_\_\_. 75% of breast cancer occurs in women older than 50

### 3. Lifetime exposure to estrogen

- When did you start menstruating? Age \_\_\_\_\_ (ideal age 15-17)
- Did you give birth after the age of 20? YES/NO
- Irregular and shorter/longer periods (shorter than 25 days and longer than 32 days) YES/NO
- Have you ever given birth to a child? YES/NO
- How late did you go into menopause? At what age did you have your last natural (not hormonally induced) period? Age \_\_\_\_\_
- Have you ever used birth control pills? YES/NO
  - If yes, were they used before the age of 20? YES/NO(2.5x)
  - If yes, were they used before pregnancy? YES/NO(2.5x)
  - If yes, were they used for more than 5 years before the age of 35? YES/NO(2.5x)
- Have you ever used any form of hormone replacement therapies? YES/NO(2x)

### 4. Hereditary Factors

- Did your mother have breast cancer? YES/NO Her age at the time of diagnosis \_\_\_\_\_ (the older the mother when diagnosed, the lower the risk for the daughter)
- Did your sister have breast cancer? YES/NO(2.5x)
- Did your brother have prostate cancer? YES/NO(4x)
- Are you a light-skinned woman? YES/NO
- Are you a large sized woman (weighing more than 154lbs and over 5'6") YES/NO
- Is your waist-to-hip ratio over 0.81? (should be less than 0.7) YES/NO(7x)
- Are you 50lbs or more overweight? YES/NO(1.5x)
- Are you a white (Caucasian) with European heritage? YES/NO

### 5. Environmental-Lifestyle Factors

- Have you had a lifetime exposure to radiation? YES/NO
- Have you been chronically exposed to organochlorines? YES/NO (agricultural chemicals, pesticides, insecticides, chlorinated water, plastic products...)
- Have you been chronically exposed to electromagnetic fields? YES/NO (electrical engineers, power station operators, telephone linemen, installing/repairing telephone lines, microwave towers, electrical transmission lines, phone cables, electrical appliances in the house, hair dryers/bedside alarm clocks, electric blankets,...)
- Have you been exposed to tobacco smoke? (both first and second hand) YES/NO(2x)
- Have you been consuming more than 9 alcoholic drinks a week or more than 2 drinks daily? YES/NO (250%)
- Have your breasts been exposed to radiation during your fertile years? YES/NO
- Did you grow up near a nuclear facility or on a farm that was sprayed with Chemicals? YES/NO
- Have you been handling and/or breathing petroleum products (gasoline, YES/NO

Kerosene) or petrochemicals (formaldehyde, benzene)?

- Lesbians are 3 times likelier than heterosexual women to get breast cancer
- Do you suffer from chronic insomnia (lack of sleep, low level of melatonin, Exposure of light during sleep) YES/NO
- Have you always been a habitual sunscreen user? YES/NO
- Have you had your level of vitamin D checked for vitamin D deficiency? YES/NO
- Do you exercise regularly (3 to 4 times a week, even for just 10 minutes)? YES/NO
- Have you suffered from chronic constipation? YES/NO
- Have you been told to have the type C personality (eager to please others, Generally put other's needs before hers, suppressing negative feelings/emotion, Having a hard time expressing feelings/frustration, internalize emotional distress...)? YES/NO
- Have you experienced grief from an unexpected death of a loved one? YES/NO

## 6. Dietary Factors

- Do you use hydrogenated oils/fat containing foods daily? YES/NO
- Is your diet rich in organic olive oil and organic butter? YES/NO(25%↓)
- Are you eating a minimum of 5 servings a day of fruits and vegetables? YES/NO(46%↓)
- Are you eating less than 1 serving of vitamin A rich foods per day? YES/NO (25%)  
(cooked greens, carrots, cantaloupe, sweet potatoes, winter squash...)
- Are you eating red meat at least once or twice a day? YES/NO (2x)
- Are you eating a high fiber diet (>25gm)? YES/NO(30%↓)

## 7. Health-Care Factors

- Are you using prescription drugs regularly? YES/NO
- Have you been using asthma/allergy medications? YES/NO (1/3-1/5x)
- Have you suffered from a chronic viral infection (EBV, HPV...)? YES/NO
- Do you have underactive thyroid condition but not treated properly? YES/NO
- Are you supplementing your diet with iodized salts? YES/NO
- Have you been diagnosed with fibrocystic breast disease? YES/NO
- If you are peri-menopausal, have you had regular yearly mammograms? YES/NO
- If you are post-menopausal, have you had regular yearly mammograms? YES/NO

If you have answered YES to most of the questions, we strongly recommend that you schedule a consultation with Dr. Vo to discuss your risk factors in details and to get a Breast Cancer Risk Reduction treatment regime started as soon as possible. Dr. Vo is a trained physician who could coach you on healthful diet and lifestyle changes, nutritional/herbal/hormonal balancing therapy to boost your immune system and to keep the cancer genes in check. ***DISEASE IS A COLLISION BETWEEN YOUR GENETIC VULNERABILITY AND ENVIRONMENTAL INSULT.*** Dr. Vo can help you identify the environmental insults which are possible obstacles to your healing and provide cutting edge mind/body counseling and nutritional and herbal therapies which could help SILENCE the cancer genes. Please call us at 425-697-5583 to discuss your risk factors and how to optimize your breast health.