

Name: _____ #: _____ Date of Birth: _____ Today's Date: _____

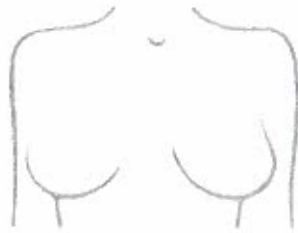
Reason for visit: _____

Imaging/ Clinical Examination

New Problem (Please specify Issue and location)

- Lump
- Pain
- Nipple Discharge

Consultation



Follow-up Biopsy

I have no changes on my self-breast exam.

Other: _____

MEDICATIONS: This is very important. Please list or obtain a list of all medicines you are taking with the exact dose and schedule:

Medication	Dosage	Schedule (taken how often?)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have any allergies to drugs or medical products? **Yes** **No** If yes, please list: _____

REVIEW OF SYSTEM

PLEASE CIRCLE ANY SYMPTOMS YOU ARE HAVING AND ELABORATE AS NEEDED:

CONSITUTION

Fever or chills Weight loss

ENT

Cough Cold

Sinus infection

CARDIOVASCULAR

Heart problems Heart attack

Valve problems Rheumatic fever

Blood clots anywhere Take Digoxin

Abnormal heart rhythm High blood pressure

Take antibiotics before dental procedures

Shortness of breath or decreased exercise tolerance

If yes, how many flights of stairs can you climb without stopping

GASTROINTESTINAL/RENAL

Liver problems Gallstones

Jaundice Hepatitis

Skin problems Colon cancer

Stomach ulcer or peptic ulcer

Alcohol Consumption

If yes, how much per week _____

How long _____

Renal or kidney problems?

Kidney failure/dialysis Recurrent burning on urination or infections

FAMILY HISTORY (First degree relatives): Heart disease High blood pressure Diabetes Cancer Problems with anesthesia

★ Personal or Family History of Malignant Hyperthermia: **Yes** **No**

PULMONARY

Pneumonia Emphysema

Asthma Wheezing

Shortness of breath Lung operations

Lung problems Tuberculosis

Smoking of tobacco or other substances

How long _____

How many packs per day _____

NEUROLOGIC

Stroke Weakness of extremity

Epilepsy or seizures Other

Numbness - Location _____

Tingling - Location _____

ENDOCRINE

Thyroid problems Diabetes

Steroid usage Other

BLOOD/LYMPHATICS

Hemophilia Anemia

Enlarged lymph nodes Lymphedema

Aspirin usage more than once a week

Use of blood thinners such as Coumadin

Blood clots - Location _____

Bleeding problems