

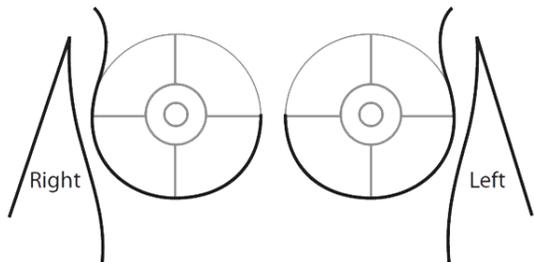
**Department of General Surgery: Dr. Roshani Patel**

- **Name:** **Date:** **DOB:**
- **Family doctor:** **Ob/Gyn:**
- **Email:** **Telephone number (best #):**
- Are you interested in signing up for *myD-H* (communicating through your electronic Dartmouth chart with your providers?)

**Are there any questions that we may answer for today?**

**Reason for visit:**

Currently, do you have any localized pain, a lump, or any other issues with your breast(s) or under your arm? If so, please mark the area in the diagram below:



**Breast Health History:**

Have you ever had or do you have:

Breast pain

Breast lumps

Nipple discharge

Cyst aspiration

Breast Cancer

Breast biopsy/surgery (lump removal, reduction, implant, mastopexy/mastectomy): If so list dates and facility that this was done and findings (if you know) in the table below:

<b>Procedure</b>	<b>Date</b>	<b>Facility</b>





**Gynecological History**

Date of last mammogram:

Bra Size:

Age of first period:

Date of last period:

Age when first child was born:

# of pregnancies:

#Miscarriages:

#Abortions:

Have you ever taken birth control pills? If so, for how long?

Age of menopause (if applicable):

Did you take hormonal replacement: No \_\_\_\_ Yes \_\_\_\_ #of years \_\_\_\_

Have you had a hysterectomy? If so, when?

Have you had one or both of your ovaries removed? If so, when?

Have you ever taken Tamoxifen or Raloxifene?

**Social History**

**Smoking:**

Do you smoke or have you ever smoked?

If so, how many packs a day?

If you quit, when did you quit?

**Alcohol:**

Number of alcoholic beverages per week:

**Recreational Street Drugs:** If ever used or currently being used, please list type and how often you are using the drug:

**Review of Symptoms: Please review and circle any symptoms that CURRENTLY apply.**

**General:** fevers, sweats, chills, weight loss, excessive weakness, or fatigue

**Neurologic:** tremors, focal neurologic symptoms, visual disturbances, headaches, fainting, blackout, paralysis, numbness or loss of sensation, tingling

**Psychiatric:** nervousness, tension, depression, memory problems

**Eyes:** blurry vision, glasses, pain, excessive tearing, spots, specks

**Ears:** ringing in ears, dizziness, room spinning, earache, drainage from ear, hearing aids

**Nose/Sinus:** nasal stuffiness, frequent colds, earache, infection, discharge

**Mouth/Throat:** bleeding gums, sore throat, dry mouth, sores, hoarseness

**Neck:** lumps, swollen glands, pain, stiffness, goiter

**Cardiac:** heart trouble, heart murmur, chest pain, shortness of breath, shortness of breath when lying flat

**Respiratory:** cough, sputum, wheezing

**Endocrine:** heat/cold intolerance, excessive sweating, excessive thirst or hunger, excessive urination

**GI:** constipation, diarrhea, indigestion, nausea, vomiting, abdominal pain, vomiting of blood

**Hematology:** easy bruising or bleeding

**Vascular:** leg pain, cramps, varicose veins, blood clots

**Kidney/Genitourinary:** burning with urination, blood in urine, change in frequency of urination, incontinence, hernia, sores, rash, discharge, pain

**Extremities:** muscle weakness, joint pain, stiffness, backache

**Skin:** rash, jaundice, color changes, change in hair or nails

**MEDICAL HISTORY**

	Yes	No		Yes	No
<b>Nervous System:</b>			<b>Lung Disorders:</b>		
Seizures			Sleep Apnea		
Stroke			Severe Asthma		
Syncope			COPD		
			Bronchitis		
<b>Vascular Disease:</b>			Emphysema		
Carotid Stenosis			Tuberculosis		
Peripheral Vascular Disease			Pneumonia		
Bypass Procedures for Legs			Pulmonary Embolism(clot in lung)		
Blood Clot (Deep Vein Thrombosis)					
			<b>Joint:</b>		
<b>Heart Disease:</b>			Arthritis		
Coronary Artery Disease			Gout		
Heart Attack					
Congestive Heart Failure			<b>Vision:</b>		
Atrial Fibrillation			Glaucoma		
Pacemaker			Cataracts		
Mitral Valve Disease					
Aortic Valve Disease			Accidents		
Defibrillator			Burns		
High Blood Pressure					
Stent Placement			<b>Autoimmune Disorders:</b>		
Balloon Angioplasty			Lupus		
Coronary Artery Bypass(Open Heart)			Sarcoidosis		
Valve Replacement			Scleroderma		
			Sjogrens		
Diabetes			MS		
Thyroid Disease			Muscular Dystrophy		
Hepatitis A, B, or C			Liver Disease		
HIV/AIDS			Parasites		
Clotting Disorder					
Prior Blood Transfusion			<b>Others (List):</b>		
Reaction to prior blood transfusion					
<b>Kidney Disease:</b>					
Kidney Failure					
Urinary Infections					
Kidney Stones					

