File Number 1

Document Created on 09-Mar-2018

* Medical Record Number: **1**
* Name: **1**
* Aadhaar Card Number: **1**
* Date of First Visit: **1**
* Permanent Address: **1**
* Current Address: **1**
* Phone Number: **1**
* Email ID: **1**
* Gender: **Female**
* Age (yrs): **1**
* Date of Birth: **1**
* Place of Birth: **1**
* Height (cm): **175**
* Weight (kg): **45**
* BMI: **15**
* Nutritional supplements: **Nutritional supplements taken**
* Type of Nutritional supplements: **Calcium**
* Quantity of Nutritional supplements: **500 mg**
* Duration of use: **2 years**
* Physical Activity: **Physical Activities Performed**
* Type of Physical Activity: **Yoga**
* Frequency of Physical Activity: **thrice a week**
* Diet: **Vegetarian**
* Alcohol Consumption: **No Alcohol Consumption**
* Alcohol Consumption since age (yrs): **NA**
* Quantity of alcohol consumed per week: **NA**
* Duration of alcohol consumption: **NA**
* Additional comments: **NA**
* Tobacco: **No Tobacco Consumption**
* Mode of Exposure to Tobacco: **NA**
* Type of Passive Tobacco Exposure: **NA**
* Type of tobacco consumed/exposed to: **NA**
* Tobacco consumption since age (yrs): **NA**
* Frequency of Tobacco consumption: **NA**
* Quantity of tobacco consumed per week: **NA**
* Duration tobacco of tobacco consumption: **NA**
* Additional Comments: **NA**
* Other Deleterious Habits: **No**
* Marital\_Status:
* Siblings:
* Sisters:
* Brothers:
* Children:
* Daughters:
* Sons:
* Age at Menarche (yrs):
* Menopausal Status:
* Age at Menopause (yrs):
* Date of last menstrual period:
* Period Type:
* Number of pregnancies:
* Pregnancy carried to term (includes abortion after 6 months):
* Number of abortions:
* Age of first child:
* Age at first pregnancy:
* Age of last child:
* Age at last pregnancy:
* Twice births in year:
* Breast feeding:
* Child Breast feeding:
* Duration of Breast feeding:
* Breast Usage for Breast feeding:
* Fertility treatment:
* Type of fertility treatment:
* Details of fertility treatment:
* Cycles of fertility treatment:
* Successful fertility treatment:
* Type of birth control used:
* Details of birth control used:
* Duration of birth control:
* Other Medical History:
* Type of Medical History:
* Date of Diagnosis:
* Treatment:
* Previous Cancer History:
* Type of Previous Cancer:
* Year of Diagnosis:
* Treatment taken:
* Details of Treatment taken:
* Duration of Treatment:
* Family Cancer History:
* Type of Cancer | Degree of Relation | Type of Relation | Age at diagnosis:
* Current Breast Cancer Detected By:
* Date of Current Breast Cancer Detection:
* Right Breast symptoms:
* Duration of symptoms in Right Breast:
* Left Breast symptoms:
* Duration of symptoms in Left Breast:
* Other Symptoms in Right Breast:
* Duration of other symptoms in Right Breast:
* Other Symptoms in Left Breast:
* Duration of other symptoms in Left Breast:
* Metastasis Symptoms: