File Number 2

Document Created on 09-Mar-2018

* Medical Record Number: **12**
* Name: **12**
* Aadhaar Card Number: **12**
* Date of First Visit: **12**
* Permanent Address: **12**
* Current Address: **12**
* Phone Number: **12**
* Email ID: **12**
* Gender: **Female**
* Age (yrs): **12**
* Date of Birth: **12**
* Place of Birth: **12**
* Height (cm): **175**
* Weight (kg): **75**
* BMI: **24**
* Nutritional supplements:
* Type of Nutritional supplements:
* Quantity of Nutritional supplements:
* Duration of use:
* Physical Activity:
* Type of Physical Activity:
* Frequency of Physical Activity:
* Diet:
* Alcohol Consumption:
* Alcohol Consumption since age (yrs):
* Quantity of alcohol consumed per week:
* Duration of alcohol consumption:
* Additional comments:
* Tobacco:
* Mode of Exposure to Tobacco:
* Type of Passive Tobacco Exposure:
* Type of tobacco consumed/exposed to:
* Tobacco consumption since age (yrs):
* Frequency of Tobacco consumption:
* Quantity of tobacco consumed per week:
* Duration tobacco of tobacco consumption:
* Additional Comments:
* Other Deleterious Habits:
* 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: **Self**
* Date of Current Breast Cancer Detection: **12**
* Right Breast symptoms: **NA**
* Duration of symptoms in Right Breast: **NA**
* Left Breast symptoms: **Pain or tenderness**
* Duration of symptoms in Left Breast: **2 weeks**
* Other Symptoms in Right Breast: **NA**
* Duration of other symptoms in Right Breast: **NA**
* Other Symptoms in Left Breast: **NA**
* Duration of other symptoms in Left Breast: **NA**
* Metastasis Symptoms: **Bone Pain; Jaundice**