File Number 1/2/3

Document Created on 02-Apr-2018

* Medical Record Number:
* Name:
* Aadhaar Card Number:
* Date of First Visit:
* Permanent Address:
* Current Address:
* Phone Number:
* Email ID:
* Gender:
* Age (yrs):
* Date of Birth:
* Place of Birth:
* Height (cm):
* Weight (kg):
* BMI:
* 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:
* 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: