File Number 270/14

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* Medical Record Number: **3**
* Name: **Rekha Panse**
* Aadhaar Card Number:
* Date of First Visit: **08/12/2014**
* Permanent Address: **1187/5, Satvek, Ghole Cross Road, Pune- 411005**
* Current Address: **1187/5, Satvek, Ghole Cross Road, Pune- 411005**
* Phone Number: **9922819006**
* Email ID: **jkpanse62@gmail.com**
* Gender: **Female**
* Age (yrs): **64**
* Date of Birth: **09/08/1950**
* Place of Birth: **India**
* Height (cm): **1**
* Weight (kg): **1**
* BMI: **10000**
* Nutritional supplements: **No nutritional supplements taken**
* Type of Nutritional supplements: **NA**
* Quantity of Nutritional supplements: **NA**
* Duration of use: **NA**
* Physical Activity: **No Physical Activities**
* Type of Physical Activity: **NA**
* Frequency of Physical Activity: **NA**
* 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: **2**
* 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: