File Number test

Document Created on 17-Sep-2018

* Medical Record Number:
* Name:
* Aadhaar Card Number:
* Date of First Visit:
* Permanent Address:
* Current Address:
* Phone Number:
* Email ID:
* Gender: **Female**
* Current Age (yrs): **43**
* Age at diagnosis (yrs): **42**
* Date of Birth: **12/3/2018**
* Place of Birth: **Pune**
* Height (cm): **175.26**
* Weight (kg): **76**
* BMI: **25**
* Nutritional supplements: **No nutritional supplements taken**
* Type of Nutritional supplements: **No nutritional supplements taken**
* Quantity of Nutritional supplements: **No nutritional supplements taken**
* Duration of use: **No nutritional supplements taken**
* Physical Activity: **Physical Activities Performed**
* Type of Physical Activity: **Yoga**
* Frequency of Physical Activity: **Thrice weekly**
* Diet: **Vegetarian**
* Alcohol Consumption: **No Alcohol Consumption**
* Alcohol Consumption since age (yrs): **No Alcohol Consumption**
* Quantity of alcohol consumed per week: **No Alcohol Consumption**
* Duration of alcohol consumption: **No Alcohol Consumption**
* Additional comments: **No Alcohol Consumption**
* Tobacco: **No Tobacco Consumption**
* Mode of Exposure to Tobacco: **No Tobacco Consumption**
* Type of Passive Tobacco Exposure: **No Tobacco Consumption**
* Type of tobacco consumed/exposed to: **No Tobacco Consumption**
* Tobacco consumption since age (yrs): **No Tobacco Consumption**
* Frequency of Tobacco consumption: **No Tobacco Consumption**
* Quantity of tobacco consumed per week: **No Tobacco Consumption**
* Duration tobacco of tobacco consumption: **No Tobacco Consumption**
* Additional Comments: **No Tobacco Consumption**
* Other Deleterious Habits: **No**
* Marital\_Status: **Married**
* Siblings: **No Siblings**
* Sisters: **0**
* Brothers: **0**
* Children: **No Children**
* Daughters: **0**
* Sons: **0**
* Age at Menarche (yrs): **14**
* Menopausal Status: **Pre-menopausal**
* Age at Menopause (yrs): **Pre-menopausal**
* Date of last menstrual period: **12/3/2108**
* Period Type: **Regular**
* Number of pregnancies: **0**
* Pregnancy carried to term (includes abortion after 6 months): **No children**
* Number of abortions: **No children**
* Age of first child: **No children**
* Age at first pregnancy: **No children**
* Age of last child: **No children**
* Age at last pregnancy: **No children**
* Twice births in year: **No children**
* Breast feeding: **No children**
* Child Breast feeding: **No children**
* Duration of Breast feeding: **No children**
* Breast Usage for Breast feeding: **No children**
* Fertility treatment: **No Fertility Treatment used**
* Type of fertility treatment: **No Fertility Treatment used**
* Details of fertility treatment: **No Fertility Treatment used**
* Cycles of fertility treatment: **No Fertility Treatment used**
* Successful fertility treatment: **No Fertility Treatment used**
* Type of birth control used: **No birth control used**
* Details of birth control used: **No birth control used**
* Duration of birth control: **No birth control used**
* Other Medical History: **No previous medical history present**
* Type of Medical History: **No previous medical history present**
* Date of Diagnosis: **No previous medical history present**
* Treatment: **No previous medical history present**
* Previous Cancer History: **No previous history of cancer**
* Type of Previous Cancer: **No previous history of cancer**
* Year of Diagnosis: **No previous history of cancer**
* Treatment taken: **No previous history of cancer**
* Details of Treatment taken: **No previous history of cancer**
* Duration of Treatment: **No previous history of cancer**
* Family Cancer History: **No Family History of Cancer**
* Type of Cancer | Degree of Relation | Type of Relation | Age at diagnosis: **No Family History of Cancer**
* Current Breast Cancer Detected By: **Self**
* Date of Current Breast Cancer Detection: **12/2/2018**
* Right Breast symptoms: **Requires Follow-up**
* Duration of symptoms in Right Breast: **Requires Follow-up**
* Left Breast symptoms: **Requires Follow-up**
* Duration of symptoms in Left Breast: **Requires Follow-up**
* Other Symptoms in Right Breast: **Requires Follow-up**
* Duration of other symptoms in Right Breast: **Requires Follow-up**
* Other Symptoms in Left Breast: **Requires Follow-up**
* Duration of other symptoms in Left Breast: **Requires Follow-up**
* Metastasis Symptoms: **Requires Follow-up**
* Updated By: **dk**
* Date and time of update: **2018-Sep-17 15:27**