File Number test\_dup\_rows

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* Medical Record Number: **12**
* 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**
* Current Age (yrs): **28**
* Age at diagnosis (yrs): **22**
* Date of Birth: **12/3/2018**
* Place of Birth: **12**
* Height (cm): **175.26**
* 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: **1**
* Siblings: **1**
* Sisters: **1**
* Brothers: **1**
* Children: **No Children**
* Daughters: **0**
* Sons: **0**
* Age at Menarche (yrs): **12**
* 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): **NA**
* Number of abortions: **NA**
* Age of first child: **NA**
* Age at first pregnancy: **NA**
* Age of last child: **NA**
* Age at last pregnancy: **NA**
* Twice births in year: **NA**
* Breast feeding: **NA**
* Child Breast feeding: **NA**
* Duration of Breast feeding: **NA**
* Breast Usage for Breast feeding: **NA**
* Fertility treatment: **No Fertility Treatment used**
* Type of fertility treatment: **NA**
* Details of fertility treatment: **NA**
* Cycles of fertility treatment: **NA**
* Successful fertility treatment: **NA**
* Type of birth control used: **NA**
* Details of birth control used: **NA**
* Duration of birth control: **NA**
* 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:
* Updated By:
* Date and time of update: