File Number 11/2/33

Document Created on 22-Mar-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: **Nutritional supplements taken**
* Type of Nutritional supplements: **12; 12**
* Quantity of Nutritional supplements: **12; 12**
* Duration of use: **12; 12**
* 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: **NA**
* Marital\_Status: **married**
* Siblings: **1**
* Sisters: **0**
* Brothers: **1**
* Children: **1**
* Daughters: **1**
* 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: **1**
* Pregnancy carried to term (includes abortion after 6 months): **1**
* Number of abortions: **1**
* Age of first child: **12**
* Age at first pregnancy: **33**
* Age of last child: **12**
* Age at last pregnancy: **NA**
* Twice births in year: **NA**
* Breast feeding: **Breast feeding**
* Child Breast feeding: **Child 1**
* Duration of Breast feeding: **1**
* Breast Usage for Breast feeding: **Right Breast**
* Fertility treatment: **Fertility Treatment used**
* Type of fertility treatment: **12**
* Details of fertility treatment: **12**
* Cycles of fertility treatment: **12**
* Successful fertility treatment: **Pregnancy from Treatment**
* Type of birth control used: **NA**
* Details of birth control used: **NA**
* Duration of birth control: **NA**
* Other Medical History: **Previous medical history present**
* Type of Medical History: **12; 12**
* Date of Diagnosis: **12; 12**
* Treatment: **12; 12**
* Previous Cancer History: **Previous history of cancer**
* Type of Previous Cancer: **12**
* Year of Diagnosis: **12**
* Treatment taken: **Surgery**
* Details of Treatment taken: **12**
* Duration of Treatment: **na**
* Family Cancer History: **Family History of Cancer**
* Type of Cancer | Degree of Relation | Type of Relation | Age at diagnosis: **12; Immediate Family; 12; 12**
* Current Breast Cancer Detected By: **Self**
* Date of Current Breast Cancer Detection: **12**
* Right Breast symptoms: **Pain or tenderness**
* Duration of symptoms in Right Breast: **12**
* Left Breast symptoms: **NA**
* Duration of symptoms in Left Breast: **NA**
* 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: **No Metastatis Symptoms**