File Number test

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* Medical Record Number: **test**
* Name: **x**
* Aadhaar Card Number: **x**
* Date of First Visit: **x**
* Permanent Address: **x**
* Current Address: **x**
* Phone Number: **x**
* Email ID: **x**
* Gender: **Female**
* Current Age (yrs): **25**
* Age at diagnosis (yrs): **23**
* Date of Birth: **12/3/1998**
* Place of Birth: **c**
* Height (cm): **175.26**
* Weight (kg): **75**
* BMI: **24**
* Nutritional supplements: **Nutritional supplements taken**
* Type of Nutritional supplements: **calcium**
* Quantity of Nutritional supplements: **500 mg**
* Duration of use: **2 months**
* Physical Activity: **Physical Activities Performed**
* Type of Physical Activity: **jogging; yohs; cc**
* Frequency of Physical Activity: **daily; yh; cc**
* 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: **no**
* Marital\_Status: **msttirf**
* Siblings: **1**
* Sisters: **1**
* Brothers: **0**
* Children: **1**
* Daughters: **0**
* Sons: **1**
* Age at Menarche (yrs): **12**
* Menopausal Status: **Pre-menopausal**
* Age at Menopause (yrs): **Pre-menopausal**
* Date of last menstrual period: **12/3/2018**
* 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: **5**
* Age at first pregnancy: **20**
* Age of last child: **5**
* Age at last pregnancy: **NA**
* Twice births in year: **NA**
* Breast feeding: **Breast feeding**
* Child Breast feeding: **Child 1**
* Duration of Breast feeding: **5**
* Breast Usage for Breast feeding: **Right Breast**
* 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: **Hormonal**
* Details of birth control used: **NA**
* Duration of birth control: **3 years**
* Other Medical History: **Previous medical history present**
* Type of Medical History: **Hypertension**
* Date of Diagnosis: **2015**
* Treatment: **Atenolol 25 mg**
* Previous Cancer History: **No previous history of cancer**
* Type of Previous Cancer: **NA**
* Year of Diagnosis: **NA**
* Treatment taken: **NA**
* Details of Treatment taken: **NA**
* Duration of Treatment: **NA**
* Family Cancer History: **Family History of Cancer**
* Type of Cancer | Degree of Relation | Type of Relation | Age at diagnosis: **test; Immediate Family; zmoyhrt; 49**
* Current Breast Cancer Detected By: **Self**
* Date of Current Breast Cancer Detection: **2016**
* Right Breast symptoms: **Pain or tenderness**
* Duration of symptoms in Right Breast: **2 months**
* 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: **Bone Pain; WeightLoss**
* Updated By: **2018-Apr-16 16:09**
* Date and time of update: **dk**