File Number test\_run

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* Medical Record Number: **test\_run**
* Name: **test\_run**
* Aadhaar Card Number: **test\_run**
* Date of First Visit: **test\_run**
* Permanent Address: **test\_run**
* Current Address: **test\_run**
* Phone Number: **test\_run**
* Email ID: **test\_run**
* Gender: **Female**
* Age (yrs): **50**
* Date of Birth: **12/03/1977**
* Place of Birth: **test\_run**
* Height (cm): **175.26**
* Weight (kg): **75**
* BMI: **24**
* 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: **NA**
* Marital\_Status: **Married**
* Siblings: **No Siblings**
* Sisters: **0**
* Brothers: **0**
* Children: **1**
* Daughters: **1**
* Sons: **0**
* Age at Menarche (yrs): **13**
* Menopausal Status: **Pre-menopausal**
* Age at Menopause (yrs): **Pre-menopausal**
* Date of last menstrual period: **12/3/2018**
* Period Type: **Regular**
* Number of pregnancies: **2**
* Pregnancy carried to term (includes abortion after 6 months): **1**
* Number of abortions: **1**
* Age of first child: **25**
* Age at first pregnancy: **25**
* Age of last child: **25**
* Age at last pregnancy: **NA**
* Twice births in year: **NA**
* Breast feeding: **No Breast feeding**
* 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: **No previous medical history present**
* Type of Medical History: **NA**
* Date of Diagnosis: **NA**
* Treatment: **NA**
* 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: **No Family History of Cancer**
* Type of Cancer | Degree of Relation | Type of Relation | Age at diagnosis: **NA**
* Current Breast Cancer Detected By: **Physician**
* Date of Current Breast Cancer Detection: **12/3/2018**
* Right Breast symptoms: **Pain or tenderness**
* Duration of symptoms in Right Breast: **5 days**
* 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: **WeightLoss**