

Have you had any prior breast biopsies? Yes / No

Right _____ When _____

Left _____ When _____

REVIEW OF SYSTEMS

Do you currently have any of these symptoms? Check all that apply

CONSTITUTIONAL

____ weight gain ____ loss of appetite ____ fever
____ night sweats ____ weight loss ____ fatigue

EARS, EYES, NOSE, THROAT

____ sore throat ____ nose bleed ____ difficulty swallowing
____ dizziness ____ cataracts ____ bleeding gums

NEUROLOGIC

____ insomnia ____ memory loss ____ fainting
____ weakness on one side ____ tremors ____ headache
____ slurred speech ____ temporary blindness

RESPIRATORY

____ pain with breathing ____ cough ____ coughing blood

CARDIOVASCULAR

____ chest pain ____ swelling in feet/ankles ____ shortness of breath
____ leg pain when walking ____ irregular heart beat

GASTROINTESTINAL

____ nausea/vomiting ____ heartburn ____ black/bloody stool
____ abdominal pain ____ diarrhea ____ constipation

GENITOURINARY

____ blood in urine ____ frequent urination
____ urinary incontinence ____ urinating at night

MUSCULOSKELETAL

____ joint swelling ____ joint pain ____ joint stiffness
____ back trouble ____ muscle pain ____ bone pain

SKIN

____ rash ____ lumps ____ lymphedema ____ itching

PSYCHIATRIC

____ high stress ____ anxiety ____ drug/alcohol abuse

ENDOCRINE

____ excessive sweating ____ excessive thirst ____ excessive urination
____ feeling too hot ____ feeling too cold

HEMATOLOGIC/LYMPHATIC

____ easy bruising ____ bleeding disorders ____ blood clots
____ immune deficiency

FEMALE REPRODUCTIVE

____ heavy periods ____ frequent yeast infection ____ bleeding btwn periods
____ postmenopausal bleeding ____ irregular periods
____ breast pain with periods ____ hot flashes

PAST SURGERY (operations) _____ None

Date

Operation

Hospital/Doctor

SOCIAL HISTORY

Caffeine _____ drinks / day

Alcohol _____ drinks / week

Cigarettes _____ packs / week

FAMILY HISTORY Alive/Age Deceased/Age Medical Problems

Mother _____

Father _____

Brothers _____

Sisters _____

Children _____

Signature _____

Date
