NAME____ AGE____
CLINIC CHART NO.___________________

ADDRESS____
PHONE______________
Cell Phone__________________ Work Phone______________________
SOCIAL SECURITY NUMBER _______________________

SOCIAL HISTORY: Married_____ Divorced_____ Separated_____ Single_____
Pregnancies_____________Ages of Children_______________________

MENSTRUAL HISTORY:
Age of onset of periods_______________ How often do you bleed?________________
How many days?__________________ Last period was?________________
Any history of abnormal Pap (cancer) smear?___________________ When?________________
Where?___________
Last Pap test?__________________________________

FAMILY HISTORY: Have any of your relatives had cancer, particularly of the breast? (Please list relationship or indicate "No".)
____

If not living, cause of death and age: Father___________________ Mother_____________________

Have you had a Pneumonia shot? If so when?_________________________________

Date of last Mammogram:___________________ Date of last breast biopsy?__________________

Have you ever had a Bone Density Test? If so when? _________________________________

Are you allergic to any medications?____

Do you smoke?__________________ How much?________________ For How Long?________________

What is your alcohol intake?____

Do you have a history of drug abuse?_____________________________________

PLEASE LIST ANY SURGERY ____
____
____

Have you ever had a colonoscopy? If so when?
____

PLEASE LIST MEDICATIONS YOU ARE TAKING____
____
____
____
____

What serious medical illness have you had? Any hospitalization?____
____
____

PLEASE LIST ANY MEDICAL PROBLEMS YOU HAVE HAD IN THE VARIOUS ORGAN SYSTEMS – INDICATE

Eyes ____________________________ Ears , Nose & Throat _________________________

Chest ____________________________ Breasts____________________________________

Lungs ___________________________ Heart______________________________________

Stomach __________________________ Intestines and Colon __________________________

Brain and Nervous System ____

OTHER FACTORS WHICH YOU WISH TO CALL TO THE ATTENTION OF THE EXAMINING DOCTOR:

____

____