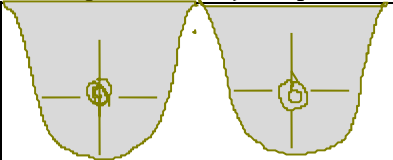


Ronald L. Nath, M.D., F.A.C.S.
 Dennis G. Begos, M. D., F.A.C.S., F.A.S.C.R.S.
 Jeanette K. Chang, M.D., F.A.C.S.
 Andras Sandor, M.D. F.A.C.S.
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 Matthew W. Brown, M.D.
 Erin E. O'Sullivan, N.P.

General Surgery
 Vascular Surgery
 Endovascular Surgery
 Breast Surgery
 Endocrine Surgery
 Colon and Rectal Surgery
 Advanced Laparoscopic Surgery
 Laparoscopic Bariatric Surgery
 Colonoscopy
 Varicose Vein Treatment

Susan C. Mansur, Practice Administrator

Patient Name:			
Date of Birth: / /		Age:	Today's Date: / /
Referring Physician:		Primary Care Physician:	
History of Present Breast Problem		Mammography & Ultrasound History	
Can a breast lump be felt?		<i>List Date & Location of Mammograms</i>	
In which breast?		Date	Location
Who first felt it?			
When was it first felt?			
Have you had one before?			
When?		<i>List Date & Location of Breast Ultrasounds</i>	
Have you breast soreness?		Date	Location
Have you had breast injury?			
Is there nipple discharge?		Other Diagnostic Breast Tests	
Which breast?		<i>Please list Dates and Locations</i>	
Color of fluid discharge		Type	Date
		Fine Needle	
		Core Biopsy	
		Excision	
Menstrual History		Other Information	
How old were you at the time your first period?			
How many pregnancies have you had?		Do you drink beverages containing caffeine?	
How old were you with your first full-term pregnancy?		How much?	
When was your last period?		Do you drink alcohol?	
		How much?	
Hormone Exposure		Cancer History	
Have you ever been on birth control pills?		Have you a family history of breast cancer?	
Start date:	End date:	Relationship to you	Patient's age at time
Have you been on hormone replacement therapy?			
Start date:	End date:		
Have you had hysterectomy?		Have you a family history of other cancer?	
Were the ovaries removed?		Relationship to you	Type of cancer
Comments			
Breast Diagram		Have you ever had any type of cancer?	
<i>Mark "x" at position/s of lump or soreness</i>		<i>Please list below with dates.</i>	
RT			LT

