

Surgical Associates of Austin

Smith • Cherico • Markus • Mayer • Fleming • Ashworth • Ching • Sankar • Esquivel

Patient Name: _____

Date: _____

Primary Physician: _____ Referring Physician: _____

Age: _____

1. Chief complaint (Main reason for visit): _____

2. History of present illness:

I feel a mass which is (please check all that apply):

increasing in size decreasing in size about the same fluctuates in size tender non-tender
 distinct indistinct "hard", soft rounded other: _____

involves: right breast left breast both breasts right axilla (armpit) left axilla other: _____

location: upper outer quadrant, upper inner quadrant lower inner quadrant, lower outer quadrant behind the nipple

There **are several masses** (circle number): 2 3 4 5

I have known breast cysts and have had aspirations before currently have, think I need an aspiration

My findings were **first noted (approximate date):** _____ my doctor also notes this mass

I do not feel a mass:

My findings were noted only on: mammogram ultrasound MRI

My imaging was done at: ARA Women's Imaging center St. David's breast center other: _____

I have a nipple discharge that is:

spontaneous (it came out on its own), non-spontaneous (I have to squeeze), bloody,
 watery, milky, other: _____

I do not have a nipple discharge

I have noted skin changes:

scaling retraction (dimpling), thickening, redness **location:** right breast, left breast, both breasts right nipple left nipple **Duration:** _____

I have not noted any skin changes

I have symptoms of pain/soreness in my breast(s):

worse premenstrually constant, not cyclical associated with a mass
 affects both breasts

I have not had any significant pain/soreness

I have a new breast cancer, and would like to consider treatment options

I have a family history of breast cancer:

I have tested positive for: BRCA 1 BRCA 2

a family member has tested positive for BRCA 1 BRCA 2

I do not have a family history of breast cancer also there is no family history of ovarian cancer

M. D. Initials: _____

Menstrual/hormonal history: please complete all pertinent items:

- I have taken hormone replacement therapy: for ____ years still taking have stopped taking
- I am currently pregnant or may be pregnant**
- I am currently breast feeding
- I am postmenopausal
- I think I may be postmenopausal, but not sure
 - peri-menopausal
- I have a personal history of breast cancer (use narrative below for details)
- Age of first term pregnancy _____ **no term pregnancies**
- Age of first menstrual period: _____
- Date of last menstrual period:** _____
- I examine my breasts: occasionally, rarely, never, monthly, other: _____

Additional details/narrative: (PLEASE WRITE NEATLY/LEGIBLY--THANKS!)

3. Medications: (please check-we do not need doses):

- None baby Aspirin Coumadin Plavix Nexium Prilosec Synthroid
- Other: _____

I do not know my medications, but will check on them

PREFERRED PHARMACY: _____

4. Past Medical history: (please check all that apply):

HEART:

- None**
- prior heart attack heart stents congestive heart failure heart rhythm problem atrial fibrillation
- high blood pressure high cholesterol heart murmur mitral valve prolapse
- I have a history of deep clots in my leg veins, and had to take blood thinner**
- Other: _____ My cardiologist is: _____

LUNG:

- None** sleep apnea
- emphysema chronic bronchitis pulmonary embolus asthma cancer of the lung: _____
- Other: _____ My lung specialist is: _____

GI:

- None** **history of hepatitis C** history of cirrhosis
- gastroesophageal reflux Barrett's esophagus irritable bowel syndrome Crohn's/IBD
- Other: _____ my gastroenterologist is _____

NEUROLOGIC:

- None**
- migraines stroke TIA seizures Other: _____
- I see a neurologist (include date of last visit): _____

BONE/JOINT:

- None** have you had a bone density study? yes no Results: normal osteopenia osteoporosis don't know
- Other: _____

GENERAL:

- None**
- diabetes mellitus hypothyroidism skin cancers?: basal cell squamous cell melanoma
- History of cancer: _____ **HIV positive**

GENITOURINARY: (females)

I am currently pregnant or may be pregnant

OTHER MEDICAL CONDITIONS: (PLEASE PRINT NEATLY): _____

5. Allergies: (please check any that apply):

- None Penicillin Sulfa Codeine Hydrocodone Latex Other: _____

M. D. Initials: _____

History of anaphylactic (major) reaction

6. Past Surgical History (do not need dates--check):

ABDOMINAL:

None gallbladder operation (small incisions) gallbladder operation (big incision)
 Appendectomy Hernia repair: groin, umbilical other: _____
 Colon operation for benign condition for cancer bowel obstruction Other: _____

HEART/BLOOD VESSELS:

None coronary artery bypass vascular bypass procedure heart catheterization
Other: _____

BONE/JOINT:

None arthroscopy total joint replacement spine surgery have hardware in

BREAST:

None breast biopsy right, left, both mastectomy: right, left, both
 lumpectomy: right, left, both lymph nodes removed: right, left, both
 augmentation mammoplasty reduction mammoplasty Other: _____

GYN (females):

None total abdominal hysterectomy (**both ovaries removed**) partial hysterectomy (one or both ovaries still in)
 tubal ligation C-section(s) Other: _____

ENDOCRINE:

None partial thyroidectomy total thyroidectomy parathyroid surgery

OTHER SURGERY: (PLEASE PRINT NEATLY ANY OTHER operations): _____

7. Family history: (check):

none adopted diabetes hypertension heart disease ovarian cancer breast cancer
other: _____

Affected relatives (PLEASE SPECIFY ONLY CANCER DIAGNOSES):

mother (age at diagnosis, details) _____
 maternal grandmother (age at diagnosis, details) _____
 paternal grandmother (age at diagnosis, details) _____
 sister (age at diagnosis, details) _____
 cousin (age at diagnosis, details) _____
 maternal aunt (age at diagnosis, details) _____
 paternal aunt (age at diagnosis, details) _____
 other: _____
 hereditary breast cancer in my family: BRCA 1 BRCA 2
 I am a carrier of an inherited mutation as follows (circle): BRCA 1 BRCA 2 other: _____
 I am of Ashkenazi Jewish background

8. Social history:

English speaking Prefer Spanish
 married single separated divorced widowed partner

WORK:

current occupation: _____ I am retired I stay at home I am disabled I have been laid off
 Other: _____

TOBACCO:

I have never smoked I currently smoke 1/2 pack/day 1 pack/day over 1 pack/day for _____ years (total)
 I smoked in the past but quit **I am trying to quit**

ALCOHOL:

None Occasionally Regularly
 Other: _____

WELLNESS PRACTICES:

None Occasionally Regularly walk run swim weights dance yoga I watch what I eat Other: _____

DRUG USE: None Occasionally Regularly have "shot up" in the past

M. D. Initials: _____

9. Review of systems (recent symptoms):

- **GENERAL:** none weight loss weight gain loss of appetite fever chills fatigue
details: _____
- **SKIN:** none changes in moles new lumps that you can feel **details:** _____
- **NEUROLOGY:** none recent migraine headaches? recent seizures recent symptoms of weakness or numbness
details: _____
- **HEMATOLOGY:** none recent easy bleeding recent easy bruising
- **LUNGS:** none significant shortness of breath (if so describe) _____ cough coughing up blood difficulty climbing a flight of stairs (short of breath)
- **HEART:** none any recent chest pain? any recent significant swelling of the ankles? any recent dizziness when you get up? any recent difficulty sleeping flat in bed? have you recently felt short of breath at night?
details: _____
- **GASTROENTEROLOGY:** none recent nausea vomiting jaundice changes in bowel habits constipation? diarrhea blood in stool I have had a normal colonoscopy within the last 10 years I have had a colonoscopy that showed polyps within the last 10 years, and I am getting follow-up **I have never had a colonoscopy**
details: _____
- **GENITOURINARY:** none recent urinary tract infection **details:** _____
- **MUSCULOSKELETAL:** none recent joint issues **details:** _____
- **ENDOCRINE:** none heat intolerance cold intolerance other: _____

10. Expectations: I would like to schedule surgery I am not interested in surgery but would like to discuss options I just want to find out what I have Questions: _____

M. D. Initials: _____