

Date: \_\_\_\_\_

Patient Name: \_\_\_\_\_  
(Last) (First) (Middle)

**MEDICAL HISTORY**

General Health: Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_ If Not "Good," Please Explain \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Do You Smoke?: Yes \_\_\_\_\_ No \_\_\_\_\_ How Many Packs A Day? \_\_\_\_\_ For How Many Years? \_\_\_\_\_

Any Serious Illnesses or Hospitalizations? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please Explain \_\_\_\_\_

Any Family History of Breast Cancer? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please Explain \_\_\_\_\_

Any exposure to infectious diseases? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please Explain \_\_\_\_\_

Have You Ever Had Any of the Following? (Please Answer Yes or No)

Pregnancy _____	Breastfeeding _____	Autoimmune Disorder _____
Mental or Nervous Disease _____	Glaucoma _____	Cataracts _____
High Blood Pressure _____	Heart Disease _____	Diabetes _____
Lung Disease _____	Kidney Disease _____	Asthma _____
Form Keloids _____	Bruise/Bleed Easily _____	Allergic to Adhesive Tape _____

Date of Last Physical Exam: \_\_\_\_\_ Date of Last Mammogram (if applicable): \_\_\_\_\_

Name and Address of Family Physician: \_\_\_\_\_

**SURGICAL HISTORY**

Operation	Year	Hospital	City	Surgeon's Name	Anesthesia
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Complications after Surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, Please Explain \_\_\_\_\_

**CURRENT MEDICATIONS & MEDICATION ALLERGIES**

Please indicate any of the following medications you are currently taking:

Blood Thinners _____	Aspirin _____	Birth Control Pills _____
Diuretics _____	Bufferin _____	Hormones _____
Blood Pressure/Heart Medication _____	Ibuprofen _____	Tranquilizers _____

Antidepressant Medication (Please list): \_\_\_\_\_

Please list any additional medications, including vitamins that you are taking: \_\_\_\_\_

Are you allergic to any medications? No \_\_\_\_\_ Yes \_\_\_\_\_ please list: \_\_\_\_\_

Patient Signature: \_\_\_\_\_

If minor, Parent or Guardian Signature: \_\_\_\_\_