Breast Surgery

De	escribed Date:yearmonthdate):
	Name: Age:	
1	What made you come to our clinic today? () Breast cancer sreening (No symtoms) () Pointed out abnormalities in the examination () Introduced by other medical institutions () Have symptoms If you have symtoms, please describe in detail • Breast pain • Breast mass NO • YES (Rt. • Lt.) (Evertime • Before menses) • Breast mass	
	• Secretion from nipple NO • YES (Rt. • Lt.) (From when ?:	
	Rt. Lt.	
2	Have you ever had breast cancer examination in the past? NO • YES (When was the last examination?:month) Type of examination (Palpation • Mammography • Ultrasound • MRI • Biopsy))
3	About medical history Breast disease : Mastopathy • Fibroadenoma • Mastitis • Breast cancer • (Gynecological disease: Myoma • Uterine cancer • Ovarian cancer • (Breast augmentation : Implant (Silicone • Saline) • (Indwelling surgery : Pacemaker • Ventriculoperitoneal shunt • (Hormone therapy : Hormone replacemant • Oral pill • Fertility therapy • (Other : Asthma • Diabetes • Hypertension • Hyperlipidemia • ())))
4	Do you have breast cancer or ovarian cancer patients in your relatives? NO • YES : Grandmother • Mother • Aunt • Sister • Cousin • ()
5	About menstruation When was the last menstrual period?: from	
6	About pregnancy, birth and breastfeeding Number of pregnancies Number of births times times times No • YES ⇒ Pregnancy period (weeks)
7	Do you have any food or medication allergy? NO • YES ()
8	How did you get to know our clinic? Introduced by friend • Internet • Advertisement • Living neighborhood • ()
	* If you have a letter of introduction, examination results, or image data, please hand it to the re	eception