

General Surgical Associates

BREAST

Have you recently been troubled by any of the problems listed below? (Please Circle)

Breast Mass - Rt / Lt

Nipple Discharge - Rt / Lt

Abnl. Mammogram - Rt / Lt

Lump/Swelling in the Armpit - Rt / Lt

Are you having any of the following symptoms? (Circle Yes or No)

Weight loss (>10 lbs.)	Yes	No
Fever or Chills	Yes	No
Easy fatigue	Yes	No
Chest pain or pressure	Yes	No
Heart palpitations	Yes	No
Blackouts	Yes	No
Shortness of breath	Yes	No
Chronic coughing	Yes	No
Wheezing or asthma attacks	Yes	No
Nausea or vomiting	Yes	No
Heartburn	Yes	No
Blood in stool or urine	Yes	No
Frequent or painful urination	Yes	No
Intense headaches	Yes	No
Seizures	Yes	No

Name: _____

DOB: _____

Signed: _____

Date: _____