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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, Executive Director

Patient Name:			
Date of Birth: / /		Age:	Today's Date: / /
Referring Physician:		Primary Care Physician:	
<b>History of Present Breast Problem</b>		<b>Mammography &amp; Ultrasound History</b>	
Can a breast lump be felt?		<i>List Date &amp; 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 &amp; Location of Breast Ultrasounds</i>	
Have you breast soreness?		Date	Location
Have you had breast injury?			
Is there nipple discharge?		<b>Other Diagnostic Breast Tests</b>	
Which breast?		<i>Please list Dates and Locations</i>	
Color of fluid discharge		Type	Date
		Location	
		Fine Needle	
		Core Biopsy	
		Excision	
How old were you at the time your first period?		<b>Other Information</b>	
How many pregnancies have you had?		Do you drink beverages containing caffeine?	
How old were you with your first <b>full-term</b> pregnancy?		How much?	
When was your last period?		Do you drink alcohol?	
		How much?	
<b>Hormone Exposure</b>		<b>Cancer History</b>	
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
<b>Comments</b>			
<b>Breast Diagram</b>		Have you ever had <b>any type</b> of cancer?	
<i>Mark "x" at position/s of lump or soreness</i>			
<i>Please list below with dates.</i>			
RT			LT
<hr/> <hr/>			