



# Chevy Chase Breast Center

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Date \_\_\_\_\_

**I currently have (circle):**  No breast problems

Breast pain  Breast lump or mass  Nipple discharge  Breast skin changes

Abnormal Mammogram  Abnormal breast MRI  New Family history of breast cancer  Breast cancer

Other \_\_\_\_\_

**List any new medical problems, diagnoses or surgery since your last appointment with Dr. Pennanen:**

\_\_\_\_\_

I have not had any new medical problems or surgery since my last appointment.

**Have there been any changes to your medications, herbal remedies or alternative/complementary therapies:**

Yes \_\_\_\_\_

There are no changes to my medications.

**List any new medication allergies since your last appointment:**

1. \_\_\_\_\_ Reaction: \_\_\_\_\_

2. \_\_\_\_\_ Reaction: \_\_\_\_\_

List any new doctors, or doctors you no longer see: \_\_\_\_\_

Have you had a colonoscopy? yes no If yes, list year(s) and results, if known: \_\_\_\_\_

**I have the following symptoms currently (Circle):**

fever chills fatigue weight loss \_\_\_\_\_ (amount) weight gain \_\_\_\_\_ (amount)

chest pain palpitations cough shortness of breath: at rest with activity headaches sinus pain

seasonal allergies/ hay fever abdominal pain loss of appetite nausea vomiting constipation diarrhea

bloody stool abdominal bloating pain with urination incontinence vaginal spotting vaginal discharge

vaginal dryness hot flashes bone pain joint pain back pain neck pain leg swelling arm swelling

dental problems blurred vision impaired vision skin rashes clotting tendency bleeding tendency

other \_\_\_\_\_  I have none of the physical symptoms listed above.

Patient's signature \_\_\_\_\_ Doctor's signature \_\_\_\_\_