



Chevy Chase Breast Center

Name _____ Date of Birth _____ Date _____

- I have not had any problems since my biopsy/procedure.
- I have had the following problems since my biopsy/procedure:

- I am not having any breast pain.
- I am having pain –

Please rate your pain on the pain scale below –

Pain scale - 0 1 2 3 4 5 6 7 8 9 10
 No pain worst pain

- I have not had any other medical problems since my biopsy/procedure.
- I have had the following medical problems since my biopsy/procedure:

I have the following symptoms currently (circle):

fever chills fatigue chest pain palpitations cough shortness of breath: at rest with activity

headaches abdominal pain loss of appetite nausea vomiting constipation diarrhea bloody stool

abdominal bloating burning or pain with urination vaginal spotting hot flashes bone pain joint pain back pain

neck pain leg swelling arm swelling blurred vision impaired vision skin rashes easy or excessive bruising

other _____ I have none of the physical symptoms listed above.

Patient's signature _____ Doctor's signature _____