Methodist Richardson Breast Surgeons **Jenevieve Hughes, M.D., FACS**

ESTABLISHED PATIENT HISTORY UPDATE FORM

Patient: _____ Date: _____

Who is your Primary Doctor? _____ Current Age: _____

Has your insurance or address changed? _____

MEDICAL HISTORY

Do you have any new breast or chest concerns (such as lumps, breast pain, nipple discharge, skin changes)? _____

_____

Do you have any new medical problems? _____

CONSTITUTIONAL SYMPTOMS

Change in Weight	No	Yes
Fatigue	No	Yes
Fever	No	Yes

CARDIOPULMONARY

Chest Pain	No	Yes
Shortness of Breath	No	Yes
Persistent Cough	No	Yes

GASTROINTESTINAL

Abdominal Pain	No	Yes
Blood in Stool	No	Yes
Constipation	No	Yes
Diarrhea	No	Yes
Nausea/Vomiting	No	Yes

NEUROLOGICAL

Persistent Headaches	No	Yes
Memory Problems	No	Yes
Dizziness	No	Yes
Neuropathy	No	Yes

MUSCULOSKELETAL/SKIN

Joint Pain/Stiffness/Swelling	No	Yes
Bone Fractures	No	Yes
Back Pain	No	Yes
Rash	No	Yes

HEMATOLOGIC / LYMPHATIC

Blood Clots	No	Yes
Enlarged Glands	No	Yes
Swelling of Arms/Hands	No	Yes

GYNECOLOGICAL

Last Menstrual Period _____		Not Applicable
Vaginal Bleeding	No	Yes
Hot Flashes	No	Yes
Sexual Dysfunction	No	Yes
Vaginal Dryness	No	Yes
Vaginal Discharge	No	Yes

PSYCHIATRIC

Depression	No	Yes
Anxiety	No	Yes
Sleep Disturbance	No	Yes

Do you exercise? No Yes If so, what type and how often? _____

Do you smoke? No Yes If so, how much? _____

Do you drink alcohol? No Yes If so, how much? _____

MEDICATION(S) (INCLUDE HERBALS, VITAMINS AND OVER-THE-COUNTER MEDICATIONS)

☐ No medications changes since last visit

☐ New/Changed medications: _____

Do you have any new **allergies / adverse** reactions to medications? No Yes _____

FAMILY HISTORY

Have you become aware of any new family history of any type of cancer since your last office visit?

No Yes _____

For office use only

Date: _____ Reviewed By: _____