

## DR MAHROKH (NASRIN) DAVARPANAH

MD FRCSEd FRACS Breast & General Surgeon

Provider Number: 4544745X



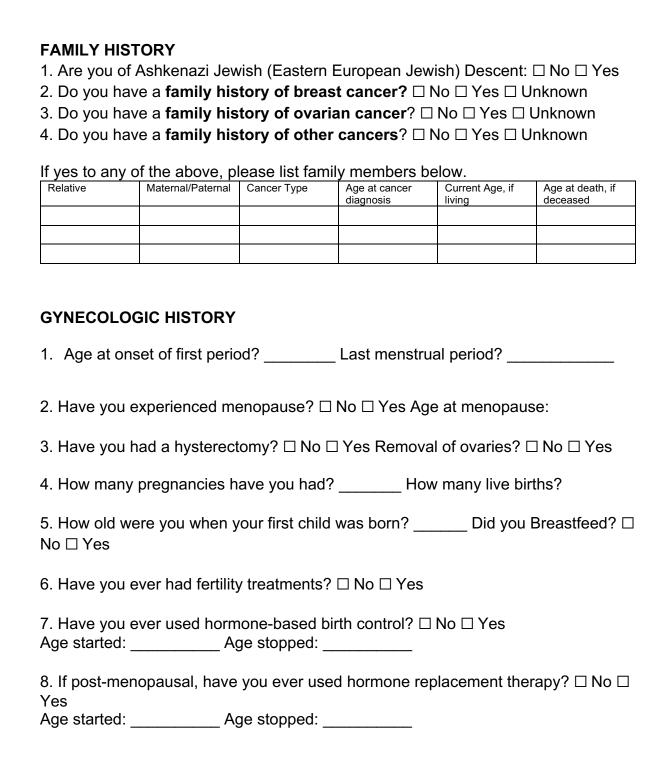
## BREAST HEALTH FORM 1. Reason for your visit today:

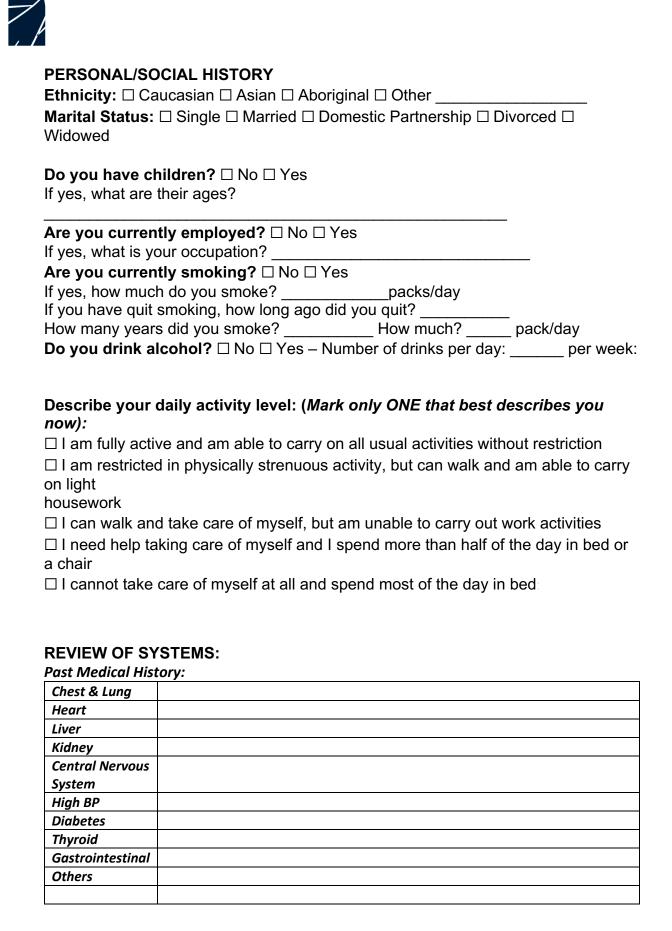
2- Who referred you to us?		

3. Who is your GP?				
BREAST HISTORY				
Please indicate any Breast Symptoms you are currently experiencing:				
Mass or Lump: No Yes Nipple Discharge: No Yes Skin Changes: No Yes Other:				
Breast Pain: No Yes Duration of symptoms:				
2. When was your last mammogram? Date: Facility:				
Have you had a Breast ultrasound? Date: Facility:				
Have you had an Breast MRI? Date: Facility:				
3. Have you ever had a <i>previous breast biopsy</i> ? □ No □ Yes Side: □ Left □ Right				
4. Do you have a history of <i>prior breast cancer</i> ? ☐ No ☐ Yes Side: ☐ Left ☐ Right If yes, year diagnosed:				
How was your prior breast cancer treated? ☐ Lumpectomy ☐ Mastectomy				
Did you have lymph node(s) removed? $\square$ No $\square$ Yes $\square$ Sentinel nodes $\square$ All lymph nodes				
Did you receive radiation therapy? □ No □ Yes – If yes, when?  Did you receive chemotherapy? □ No □ Yes				
Did you receive chemotherapy: □ No □ Yes  Did you receive hormone-blocking/endocrine therapy? □ No □ Yes				

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	Date	Operation
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Smoking: Current YES/NO	Ex-Smoker: How long:	Quit Date:
Alcohol Intake: YES/NO	Amount:	