

**Methodist Richardson Breast Surgeons**

2805 E. President George Bush Turnpike  
Richardson, Texas 75082

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**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 or health conditions? \_\_\_\_\_

Since your last office visit, have you developed any of the following signs or symptoms?

**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  
Changes in Bowel Habits ..... No Yes

**NEUROLOGICAL**

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

**MUSCULOSKELETAL**

Joint Pain/Stiffness/Swelling ..... No Yes  
Bone Fractures ..... No Yes

**HEMATOLOGIC / LYMPHATIC**

Blood Clots ..... No Yes  
Enlarged Glands..... No Yes

**GYNECOLOGICAL**

Last Menstrual Period \_\_\_\_\_ Not Applicable  
Vaginal Bleeding..... No Yes  
Hot Flashes ..... No Yes  
Sexual Dysfunction..... No Yes  
Vaginal Dryness ..... 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 HERBAL MEDICATIONS, VITAMINS AND OVER-THE-COUNTER MEDICATIONS)**

1. \_\_\_\_\_ 3. \_\_\_\_\_ 5. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_ 6. \_\_\_\_\_

Do you have any **allergies** / **adverse** reactions to medications? \_\_\_\_\_

**FAMILY HISTORY**

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

**For office use only**

Date: \_\_\_\_\_ Reviewed By: \_\_\_\_\_