

Lana Louie MD FACS
Breast Disease Tarzana

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Patient Intake Form

Name: _____ DOB: _____ Age: _____

Appointment Date: _____ Referring Provider: _____

Complaint:

Abnormal breast imaging _____

Breast mass _____

Breast skin changes _____

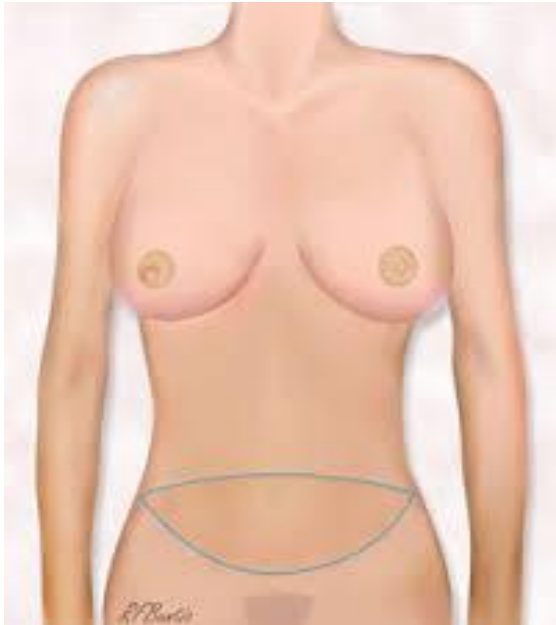
Breast pain _____

Nipple discharge or retraction _____

Other _____

Date problem began _____

Last mammogram _____



Current / Past Medical History:

Anemia
Anxiety
Arthritis
Asthma
Bleeding Problems
Blood Transfusions
CAD
Cancer
CVA
Depression
Diabetes
Emphysema / Lung Disease
Gastro esophageal Reflux
Gout
Heart Disease
Hepatitis A / B / C
HIV
Hypercholesterolemia
Hypertension
Infections
Inflammatory Bowel Disease
Kidney Disease
Obesity
Osteopenia
Osteoporosis
Pancreatitis
Radiation Exposure
Seizures
Stroke
Thyroid Disease
Tuberculosis
Ulcer Disease
Other

Past Surgical Disease:

Operations / Dates

Name: _____ DOB: _____

Ob/Gyn History:

Age at menarche

Age at menopause

Last menses

Menses regular?

G_____P_____

Age first delivery

Nursing history

Hormone related birth control

Fertility medications

Hormone replacement type and length of use

Medications and Doses:

Vitamins/Supplements:

Latex Allergy:

Medication Allergy and Reaction:

Other allergies and Reaction:

Name: _____ DOB: _____

ROS:

- Abdominal pain
- Bleeding
- Chest pain
- Cough
- Diarrhea
- Dizziness
- Nausea
- Pain
- Shortness of breath

Ethnicity:

Decline to State:

Social History:

- Occupation
- Living situation

Cigarette Use:

Present:	/Day	/Week	X	Year	=
Past:	/Day	/Week	X	Year	=

Alcohol Use:

Type:	/Day	/Week	/Month	/Year
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Marijuana: Method _____

Present:	/Day	/Week	X	Year	=
Past:	/Day	/Week	X	Year	=

IV Drug Use:

Other recreational substances:

Patient Signature: _____

I have reviewed this document with the patient: _____ Date: _____

Name: _____ DOB: _____