Dr Elisabeth Rippy
BSc MBBS MSc FRCS FRACS
Consultant Breast Surgeon

General Patient Information

Hormonal History:

1. How old were you when you started your period? ___________

2. How many years did you take the oral contraceptive pill? ____________

3. How many children do you have? __________________

4. Did you breast feed? __________________

5. Are you pre /peri /post menopausal?(circle correct answer)

6. At what age did you go through the menopause? _________

7. Have you ever taken Hormone Replacement?_________For how long? ________________

Are you still taking hormone replacement?_____________How long ago did you stop? ____________

8. Do you have a family history of breast or ovarian cancer? ____________________________________

____

General Health:

Do you have any known medical problems (please list)? ____

____

____

Are you taking any medication (please list name and dose)? _____________________________________

____

Are you taking any blood thinners (including aspirin, fish oil, krill oil, ginko biloba)?________________

____

Have you ever had an operation? (please state when and what type) ______________________________

Are you allergic to anything? ____

Are you a smoker? Y / N Have you ever been a smoker/when did you quit? ________________________