AUGMENTATION / MASTOPEXY / REDUCTION HISTORY

Name: Date: _____

What is the reason of your visit today? _____

Is there a family history of this breast condition? _____

What is your Height: _____ Weight: _____ Age: _____

What size bra do you currently wear?_____Cup Size Preference:_____

What age did you begin to menstruate?_____ Are your periods regular?_____

Do your breasts change during your menstrual cycle?_____How?_____

How many times have you been pregnant?_____Children_____Ages_____

Did your breast change with the pregnancy? _____How?_____

Did you breast feed your children? _____How long?_____

Do you anticipate future pregnancies?_____

If so, do you plan on breast feeding?_____

Has anyone in your family had breast disease?_____

If so, please explain:_____

Do you have any personal history of breast disease, masses, or surgery?_____

Lumps_____Discharge_____Pain _____Infections_____

If so, please explain:_____

My nipple sensation is: Right : Normal Absent Diminished Hypersensitive

(Circle response) Left : Normal Absent Diminished Hypersensitive

When was your last Mammogram?_____Result:_____

Do you do routine breast exams of yourself?_____How often?_____

Why are you thinking about having this surgery?_____

_____

Patient Name:

Are you familiar with the surgical procedures that you are considering?_____

Do you know people who have had this surgery?_____

Have you had previous cosmetic surgery?_____

If so, what and when: _____
_____

What would you consider to be your general health?_____

Is there anything you feel like we need to know considering your medical history?____
_____
_____

BREAST REDUCTION PATIENTS ONLY

Please indicate which of the following symptoms you have experience:

Shoulder pain_____Breast Pain_____Shoulder grooving_____

Neck pain_____ Rash under breast_____Back pain_____

Shortness of breath_____Limitation of physical activities_____

If so, please explain:_____
_____

Other symptoms:_____
_____

Have you seen any other doctors for treatment of any of these symptoms?_____
Who and When:_____
_____