BREAST HISTORY

(Please note: some questions may be repeated)

Name:_____ Date: _____

What is the reason of your visit today? _____

Is there a family history of this breast condition? _____

What size bra do you currently wear?_____ 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:_____

_____

When was your last Mammogram?_____

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

Continue on next page

Why are you thinking about having this surgery?_____

_____

_____

_____

Have you seen any other doctors regarding this procedure?_____

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:_____

_____

Please list any treatment pertaining to these symptoms including the provider:

_____

_____

_____

If over the age of 40, have you had a mammogram within the last year? Yes____ No____

Thank you