

BREAST REDUCTION HISTORY INTAKE

Patient: _____ DOB: _____ Height ____' ____" Weight _____ lbs.
Bra size _____ (number & letter please)

Number of pregnancies _____
Number of live births _____
Number of babies breastfed _____

Do you have any breast health problems? yes no
Examples: breast lumps, biopsies, drainage from nipples, breast cancer, etc.

Please describe _____

Have you had a mammogram? yes no
If yes, when was it done _____
If yes, was report normal abnormal

Does anyone in your family have a history of breast cancer? yes no
If yes, who _____

Does the weight of your breast cause you:
1. Neck pain yes no
Please explain _____

2. Back pain yes no
Please explain _____

3. Shoulder pain yes no
Please explain _____

4. Shoulder grooves from bra straps yes no
Please explain _____

5. Intertriginous zone rashes yes no
(skin rashes under breasts)
Please explain _____

6. Problems with exercising yes no
Please explain _____

7. How long have you had symptoms related to your breast size?
Please describe: _____

8. Do you take prescription pain medications? _____
If so, what: _____
Do you take over the counter pain medications? _____
If so, what: _____

Have you tried non-surgical methods to decrease your breast-related symptoms such as:

- 2. Wear a special bra yes no
- 3. Been treated by a physical therapist? yes no
- 4. Been treated by a chiropractor? yes no
- 5. Special care for skin under breasts? yes no
- 6. Other methods? yes no
Please explain _____

Have any of these methods decreased your symptoms?

Please explain _____

Please describe the goals you hope to reach with breast reduction surgery:

Do you have any special questions or concerns that you would like to discuss with the doctor? yes no

Please explain:

Are you interested in other procedures to enhance your appearance to be performed at the same time as your breast surgery or at a later date? yes no

Examples:

- 1. Botox
- 2. Restylane/fillers
- 3. Skin peels
- 4. Eyelid lift/browlift
- 5. Face lift
- 6. Tummy tuck
- 7. Liposuction
- 8. Other

Please explain: _____

Thank you for your time and energy spent in completing this form. It will help us to better care for you.