

# **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? \_\_\_\_\_

**Continue on next page**

Patient Name: \_\_\_\_\_

Why are you thinking about having this surgery? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_