BREAST EVALUATION QUESTIONNAIRE

Name_____ Age_____

Bra Size_____ Ht._____ Wt._____

I am interested in:

Breast Reconstruction ☐ Breast enlargement ☐ Breast Lifting ☐

Breast implant removal ☐ Breast implant revision/exchange ☐

Inverted nipple repair ☐ Areola/Nipple Reduction ☐

How long have you considered this type of surgery _____

Have any friends or family had this type of surgery? Yes No

Who_____ Were they satisfied? Yes No

Did they experience any problems? Yes No

What kind _____

Do you have any of the following?

Nipple discharge	Yes_____ No_____
Breast masses	Yes_____ No_____
Fibrocystic	Yes_____ No_____
Breast pain	Yes_____ No_____
Skin changes over the breasts	Yes_____ No_____
Difficulty examining your breasts	Yes_____ No_____

Are you self-conscious about your breasts? Yes No

Do you have difficulty buying properly-fitting clothing as a result of your breasts? Yes No

Do your breasts change in size around the time of your period? Yes No

Do you practice monthly breast self-examinations? Yes No

What was the date of your last mammogram_____

Results_____

Have you had any previous breast surgery? Yes No

Type_____ Date_____

Results_____

Any family history of breast cancer? Yes No

Who_____ at what approximate age _____

How many children do you have?_____ Did you breast feed them_____

If yes, how long?_____

Do you smoke cigarettes? Yes No If yes, how much_____

Do you take aspirin or aspirin-containing products? Yes No

Do you take steroids? Yes No Do you have diabetes? Yes No

Do you have any difficulty healing wounds? Yes No Do you scar poorly? Yes No

Please complete these questions if you already have breast implants:

1. When did you first have your breast implants _____
2. Physician _____

   Office Address _____

   What type of implants? Silicone / Saline / Other _____

   What size implants? _____

   Where were your incisions? (Please circle)

   Under the breast Around the nipples In the armpit

   Where are they placed? (Please circle)

   On top of the muscle Under the muscle

2. What size bra did you wear before your implants? _____