

Breast Information/Worksheet

Name _____ Date _____

Patient to Complete This Side

Height _____ Weight _____ Age _____

Allergies _____

Current Meds _____

Smoking (pk/day) _____

Current bra size _____

DESIRED bra size _____

Age of first period _____

Date of last menstrual period _____

Check all that apply

Is there any family history of breast cancer?

Mother
Maternal Grandmother
Sisters
Maternal Aunt
Father's Side

Have you had a mammogram?

Year of your last mammogram & place _____

Ages of your children _____

Did you breastfeed your children?

Any history of Mastitis?

Do you do monthly breast self-exams?

Are there any changes that concern you?

Any history of MRSA?

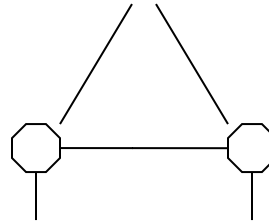
Have you ever had breast surgery?

If so, what has been done and when? _____

Referred by _____

Office Use Only

Measurements:



Ax cir. _____
Chest cir. _____
Waist _____
Hips _____
Width R _____ L _____
Ant. SS R _____ L _____
↑ Pole R _____ L _____
Thickness _____
Vol. R _____ L _____
CC Grade R _____ L _____

Asymmetry _____

Tubular _____

Striae _____

Scars _____

Ptosis _____

Scoliosis _____

Pectus _____

Plan:

Transaxillary Inframammary

Saline Silicone Mentor Allergan

Profile: Low Mod High Volume _____

Submuscular Subglandular

Inspira Soft Touch Highly Cohesive

V-T Mastopexy: Bil Left Right

Reduction: Bil Left Right

Mammogram:

- ☐ Get Copy of Recent Mammogram
- ☐ Get EKG
- ☐ Script Given for Mammogram