

## Gynecomastia and Body Contouring Questionnaire

NAMEDATE/20
When did you first notice abnormal chest enlargement?
Ever have scoliosis?Was it ever treated?
Ever smoke? How much? How many years? Quit?
List vitamins or herbals
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Would you like to minimize any stretch marks on your body? Yes No
What was your lifetime maximum weight?Current weight?
Height?
How has your weight changed in the past 12 months?
Have you ever taken or used any of the following substances?
Tagamet (Cimetidine) Anabolic steroids marijuana Spironolactone
Verapamil Nifedipine Excessive alcohol
Omeprazole Ketoconazole Growth Hormone
HCG Anti-androgens Estrogens
Have you ever been diagnosed with any of the following conditions?
Pituitary insufficiency? Klinefelter's Syndrome?
Liver failure or cirrhosis? Hyperthyroidism?
Cystic fibrosis? Ulcerative colitis?
Have you ever had an endocrine hormone workup?
How often do you exercise?
When you work out, what kind of exercise do you do? (e.g. Aerobics? Weight training? Yoga?
etc.)
What areas of your body would you like to improve? (Please circle all that apply) Neck Arms
Chest Back Flanks Abdomen Hips Buttocks Outer thighs Inner Thighs Knees
Of the areas you circled above, which is your highest priority?
Please sign here
OFFICE USE ONLY BELOW THIS LINE
ARMS RightLeft
CHEST Circum.
ABDOMEN (Mid)
(Lower) HIPS
HIPS THIGHS RightLeft
KNEES Right. Left
Skin envelope: tight moderate loose
PLAN: NECK LIFT BRACHIOPLASTY Gynecomastia excision Rt Lt Pexy
LIPO: Neck Arms Chest Back Flanks Abdomen Hips Buttocks Outer thighs
Inner thighs Knees
ABDOMINOPLASTY: Mini Full CIRC Vertical
Pre-op clearanceYes No
Dangers of smoking reviewed?Yes No
Options/risks/uncertainties reviewedYes No