

  
**Premier Plastic Surgery Center**  
**Breast Questionnaire**

NAME \_\_\_\_\_ DATE \_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_\_  
 Number of pregnancies \_\_\_\_\_ Number of deliveries \_\_\_\_\_  
 Did you nurse? \_\_\_\_\_ If so, how many months with each? \_\_\_\_\_  
 What was the maximum bra cup size you attained? \_\_\_\_\_  
 Current bra size \_\_\_\_\_ Is it padded? Yes No  
 Do you feel your breasts are the same size and shape? \_\_\_\_\_ If no, which is larger? Right Left  
 If you have **large breasts**, are you experiencing \_\_\_neck pain? \_\_\_back pain? \_\_\_bra strap  
 pain? \_\_\_numbness or tingling of the arms? \_\_\_rashes under your breasts? \_\_\_"heavy" feeling to  
 your breasts? \_\_\_breast pain? \_\_\_other? \_\_\_\_\_  
 Have you ever had breast surgery? \_\_\_\_\_ If so, please explain \_\_\_\_\_  
 \_\_\_\_\_  
 Ever have scoliosis? \_\_\_\_\_ Was it ever treated? \_\_\_\_\_  
 Have you ever taken Accutane? \_\_\_\_\_ When? \_\_\_\_\_ How long? \_\_\_\_\_  
 Do you take birth control pills or female hormone replacement? Yes No. If "yes", are you  
 aware that you have increased risks of blood clots? Yes No  
 Any blood relatives with breast cancer? \_\_\_\_\_ If so, relation \_\_\_\_\_  
 Who examines your breasts regularly? \_\_\_self \_\_\_Gynecologist \_\_\_other physician  
 Do you have breast pain? \_\_\_\_\_ Does your menstrual cycle affect your breasts? \_\_\_\_\_  
 How would you rate your nipple sensation on the right? Normal Excessive Less than normal  
 How would you rate your nipple sensation on the left? Normal Excessive Less than normal  
 Most recent mammogram (x-rays)? \_\_\_\_\_ Results \_\_\_\_\_  
 Please circle any of the following exercises you like to do: Bench press Yoga Pilates  
 Push-ups Chest Flyes Cross Fit Other chest exercises \_\_\_\_\_  
 What is your height? \_\_\_\_\_ Weight? \_\_\_\_\_  
 Do you want to be: \_\_\_Enlarged \_\_\_Enlarged and lifted \_\_\_Lifted only \_\_\_Reduced \_\_\_Have  
 implants exchanged \_\_\_Breast reconstruction after mastectomy \_\_\_Other \_\_\_\_\_  
 Medicine is an art, not an exact science, so nothing exact can be promised. But, given the choice,  
 approximately what size breasts would you ideally like to have? \_\_\_\_\_

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**Exam Date** \_\_\_\_\_/\_\_\_\_\_/201\_\_\_\_\_  
 Excavatum \_\_\_Carinitus \_\_\_Scoliosis \_\_\_Asymmetry (R < > L)  
 Constriction: R \_\_\_ L \_\_\_  
 Tubular: R \_\_\_ L \_\_\_ Upper breast pinch \_\_\_\_\_ cm  
 Striae: R \_\_\_ L \_\_\_  
 Breast scars: R \_\_\_ L \_\_\_ Location \_\_\_\_\_  
 Masses R \_\_\_ L \_\_\_ None \_\_\_\_\_  
 Adenopathy R \_\_\_ L \_\_\_ None \_\_\_\_\_  
  
 Skin envelope: tight \_\_\_ moderate \_\_\_ loose \_\_\_ Psuedoptosis \_\_\_ Ptosis \_\_\_  
 Width R \_\_\_\_\_ L \_\_\_\_\_ Cleavage \_\_\_\_\_  
 Capsular contractures R \_\_\_\_\_ L \_\_\_\_\_ Implants Displaced R \_\_\_ L \_\_\_  
 Implants: Submuscular \_\_\_ Subglandular \_\_\_ Rippling \_\_\_\_\_ Animation \_\_\_\_\_  
  
**PLAN:** Ax Areola IMC Full pexy Mod pexy Capsulectomy (R L) Capsulorrhaphy (R L)  
 Exchange Submusc. Subgland. Change Pocket Saline Tx Smooth Silicone Anatomic  
 Reduction \_\_\_\_\_ gms on R \_\_\_\_\_ gms on L ( \_\_\_Ax lipo )  
 Pre-Op mammogram Y N  
 Dangers of smoking reviewed Y N