

Breast Reduction Surgery

Thank you for considering breast reduction surgery. If you are suffering from having excessively large breasts, you may benefit from this procedure. Prior to your appointment, I am asking that you fill this questionnaire to the best of your ability. It will allow us more time to discuss the procedure itself and to answer all of your questions to your satisfaction.

What size bra do you wear? _____ Does the cup size contain you? Yes No

How long have you had problems attributed to your breast size? _____ years (min 6 mo)

Have you sustained any injuries to your back or breasts? Yes No

If yes, please explain: _____

Any treatments (including failed treatments) for your symptoms and for how long have you received them? Supportive garments? Physical Therapy? Pain medications? Arthritis?

Has your weight been stable over the past 5 years? Yes No

If no, were your symptoms present when you were at your lower weight? Yes No

What symptoms do you attribute to your breast size? (please circle)

<i>neck pain</i>	<i>low back pain</i>	<i>sores on shoulders</i>	<i>limits activities</i>
<i>rash</i>	<i>breast pain</i>	<i>arm tingling</i>	<i>hand numbness</i>
<i>upper back pain</i>	<i>shoulder pain</i>	<i>shoulder grooving with irritation</i>	

Do you have any history of breast disease? Yes No

If yes, please explain: _____

Is there any family history of breast cancer? Yes No

sister	mother	aunt	grandmother
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Have you had a mammogram? Yes No When? _____ Results: + -

Are there any skin diseases or disorders or problems with healing? Yes No

Your symptoms are worse or better when you wake up in the morning.

Manual lifting of my breasts does or does not help symptoms.