

BREAST EVALUATION QUESTIONNAIRE

Name _____ Age _____ Bra Size _____ Ht. _____ Wt. _____

I am interested in breast enlargement _____, Breast lifting _____, Breast implant removal _____, Breast implant exchange _____, Inverted nipple repair _____

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 How many? _____

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

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Breast Evaluation Questionnaire

Please complete these questions if you already have breast implants:

1. When did you first have your breast implants? _____
Where? _____ By whom? _____
What type of implants? _____
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? _____