

RiverSong Plastic Surgery

BREAST SURGERY AND PERSONAL HISTORY

Name: _____ Referring MD: _____

DOB: _____ Age: _____ Height: _____ Weight: _____

Reason for consultation: _____

Date of last mammogram: _____ Where: _____

Any history of abnormal mammograms: Yes or No

Explain:

1. Any history of breast cancer? Y or N In your family Y or N Whom? _____
2. Have you had any breast surgery? Y or N If yes, when?
 If so which breast? For what reason?
3. Do you have breast implants? Any problems or concerns?
4. Any history of breast trauma?
5. Any history of nipple discharge?
6. Any history of cystic breast? (Fibrocystic breast disease)
7. At what age did you first start menstruating?
8. If applicable, at what age did you start menopause?
9. Number of pregnancies: Dates:
 Did you breast feed? Dates:
10. Any history of hormonal medication use? E.g. Birth control pills, Tamoxifen, Estrogen, Progesterone, or Thyroid medications.
11. Any history of chest radiation treatment or excessive x-ray therapy?
12. Do you do monthly breast self examinations?
13. Bra Size?
14. Do you smoke? Y or N If yes, how long?