

Please list **ALL** other surgeries:

Breast implant information (if applicable):

Reasons for seeking breast implant revision?

Implant Information

Manufacturer: Mentor McGhan Dow Other _____

Style: _____ **Model #** _____ **Size:** Right _____ cc Left _____ cc

Other information: _____

Breast cancer reconstruction information (if applicable):

Have you had a lumpectomy yes no Date ____/____/____ Right Left

 If not, is lumpectomy planned yes no Date ____/____/____ Right Left

Have you had a mastectomy yes no Date ____/____/____ Right Left

 If not, is mastectomy planned yes no Date ____/____/____ Right Left

Have you had radiation therapy yes no Dates ____/____/____ through ____/____/____

 If not, is radiation planned yes no Dates ____/____/____ through ____/____/____

Have you had chemotherapy yes no Dates ____/____/____ through ____/____/____

What drugs _____

 If not, is chemotherapy planned yes no Dates ____/____/____ through ____/____/____

What drugs _____

Have you had any local recurrences of the cancer yes no Where _____

Have you had any metastases from the cancer yes no Where _____

Who is your General surgeon _____

Who is your Oncologist _____

Who is your Radiation Therapist _____

Has anyone made specific recommendations other than those listed above? yes no

What are these recommendations?

Has anyone made recommendations regarding the OTHER breast? yes no

What are these recommendations?

Habits

Tobacco use Yes No Type _____ Amount & Duration _____ Quit when? _____

Alcohol use Yes No Type _____ Amount & Duration _____

Drug use Yes No Type _____ Amount & Duration _____

Allergies

Drug/Food/Allergen

Type of Reaction

_____	_____
_____	_____
_____	_____

Symptoms & Concerns:

Please summarize your symptoms and concerns:

- | | |
|---|---|
| <input type="checkbox"/> Back pain | <input type="checkbox"/> Appearance |
| <input type="checkbox"/> Neck pain | <input type="checkbox"/> Problems with body image |
| <input type="checkbox"/> Shoulder pain | <input type="checkbox"/> Difficulty in personal relations |
| <input type="checkbox"/> Breast pain | <input type="checkbox"/> Difficulty buying/fitting clothing |
| <input type="checkbox"/> Pain from bra straps | <input type="checkbox"/> Breast size interferes with exercise |
| <input type="checkbox"/> Skin irritation | <input type="checkbox"/> Avoidance of special activities |
| <input type="checkbox"/> Shape of breasts | <input type="checkbox"/> Restriction of normal activity |
| <input type="checkbox"/> Asymmetry | |
| <input type="checkbox"/> Other symptoms: | |

What is your main concern regarding your breasts?

What do you hope to achieve from a breast reduction?

Has anyone made specific recommendations for treatment of your breasts? Yes / No

What are these recommendations?

What questions do you wish to have answered?

.....
We appreciate your visit and we respect your privacy. Who may we thank for referring you? _____

May we contact this person to thank them? Yes / No

At what number(s) may we

- Call you?
- Leave a message with a person and tell them we called?
- Leave a message on an answering machine?

Small Female							
Ft	In	Ideal Wt	110%	125%	133%	140%	150%
4	10	107	118	134	142	150	161
4	11	108	119	135	144	151	162
5	0	110	121	138	146	154	165
5	1	112	123	140	149	157	168
5	2	115	127	144	153	161	173
5	3	118	130	148	157	165	177
5	4	121	133	151	161	169	182
5	5	124	136	155	165	174	186
5	6	127	140	159	169	178	191
5	7	131	144	164	174	183	197
5	8	133	146	166	177	186	200
5	9	135	149	169	180	189	203
5	10	139	153	174	185	195	209
5	11	142	156	178	189	199	213
6	0	145	160	181	193	203	218
Medium Female							
4	10	117	129	146	156	164	176
4	11	120	132	150	160	168	180
5	0	122	134	153	162	171	183
5	1	125	138	156	166	175	188
5	2	128	141	160	170	179	192
5	3	131	145	164	175	184	197
5	4	135	149	169	180	189	203
5	5	139	152	173	184	194	208
5	6	142	156	178	189	199	213
5	7	146	160	182	194	204	219
5	8	149	164	187	199	209	224
5	9	152	167	190	202	213	228
5	10	154	170	193	205	216	231
5	11	157	173	196	209	220	236
6	0	160	176	200	213	224	240
Large Female							
4	10	123	135	154	164	172	185
4	11	127	140	159	169	178	191
5	0	130	143	163	173	182	195
5	1	133	146	166	177	186	200
5	2	136	150	170	181	190	204
5	3	139	153	174	185	195	209
5	4	142	156	178	189	199	213
5	5	145	160	181	193	203	218
5	6	149	164	186	198	209	224
5	7	153	168	191	203	214	230
5	8	157	173	196	209	220	236
5	9	160	176	200	213	224	240
5	10	163	179	204	217	228	245
5	11	166	183	208	221	232	249
6	0	169	186	211	225	237	254

