

## BREAST REDUCTION QUESTIONNAIRE

We are sorry for the inconvenience and burden of additional paperwork; however, to comply with requests from insurance companies for more and more information to enable approval of this procedure, we must have you answer the following questions. Additional information may still be requested.

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

# of children: \_\_\_\_\_ Bra size: \_\_\_\_\_ Desired bra size: \_\_\_\_\_

Does weight gain/loss affect breast size? \_\_\_\_\_

SYMPTOMS: (Please check all that apply.)

- |   |  |
|---|--|
| <input type="checkbox"/> Shoulder Pain                    | <input type="checkbox"/> Shoulder Grooving |
| <input type="checkbox"/> Breast Asymmetry                 | <input type="checkbox"/> Upper Back Pain   |
| <input type="checkbox"/> Rash under/between Breasts       | <input type="checkbox"/> Lower Back Pain   |
| <input type="checkbox"/> Shoulder Irritation/Pigmentation | <input type="checkbox"/> Neck Pain         |
| <input type="checkbox"/> Numbness of Arms and/or Hands    |  |

HISTORY:

Have you been treated by a physician for any medical problems as a result of your large breasts?  yes  no  
Explain: \_\_\_\_\_

Do you take any over the counter medications, creams, lotions or ointments for these conditions?  yes  no  
Explain: \_\_\_\_\_

Have you received any physical therapy or chiropractic care for symptoms?  
 yes  no Explain: \_\_\_\_\_

Have you had a mammogram?  yes  no  
If yes, When? \_\_\_\_\_ Where? \_\_\_\_\_

Describe how your large breasts interfere with your daily activities including work and exercise related and any other activities: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

<b>FOR OFFICE USE ONLY:</b>
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Physician: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BSI: \_\_\_\_\_ BSA: \_\_\_\_\_

Brief History:  
\_\_\_\_\_  
\_\_\_\_\_

<b>Sternal notch to nipple:</b>	<b>LEFT:</b>	<b>RIGHT:</b>
<b>Inframammary fold to nipple:</b>	<b>LEFT:</b>	<b>RIGHT:</b>
<b>Estimated grams to be removed:</b>	<b>LEFT:</b>	<b>RIGHT:</b>

Notes: \_\_\_\_\_  
\_\_\_\_\_