# HISTORY for BREAST REDUCTION

Name ________________________________________________ Date _______________

Date of Birth _____________________ Age _______________

1. Date of last breast examination ____________________ Physician _____________________________
2. What age did your menstrual period begin _____ Do you take birth control pills ____ Do you smoke ___
3. Have you gone thru menopause _________________ Are you on hormones _______________________
4. When was your last mammogram ____________________ Was it Normal or Abnormal ___________
5. Is there a family history of breast cancer _________________________ Who ___________________
6. Have you ever had a breast lump or biopsy _______________________ When __________________
7. Have you ever been diagnosed with breast cancer __________________ When __________________
8. How many pregnancies have you had ____________________________________________________
9. What size bra do you wear ________________ Height ________________ Weight _______________
10. Have you tried conservative treatment of: proper bra support __ postural modifications __
11. Do you have: Shoulder pain __ Neck pain __ Back pain __ Shoulder grooving __ Rashes under breast ___

    Infections under breast __ Have you been treated by a Doctor for any of these? _________________
12. Have you tried conservative therapy for your symptoms such as:

| | | | |
|---|---|---|---|
| Muscle relaxers | __ | Chiropractic or Orthopedic treatment | __ |
| Different types/sizes bras | __ | Medically prescribed exercise program | __ |
| Physical therapy | __ | Medically prescribed non-steroidal anti-inflammatory drugs | __ |
| Medically supervised weight loss program | __ | Orothpedic evaluation & treatment of spinal pain | __ |

13. If you tried any of the above therapies listed in #12 were they for at least three (3) months? ______________

The above information is accurate and true to the best of my knowledge. I have not left out any pertinent information nor given inaccurate information.

Patient signature __________________________________ Date ______________________