

**LONGWOOD PLASTIC SURGERY, P.C.**  
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**BREAST RECONSTRUCTION QUESTIONNAIRE** (Please fill out to the best of your knowledge)

**PATIENT DATA:**

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ BRA SIZE: \_\_\_\_\_

GENERAL SURGEON: \_\_\_\_\_ TELEPHONE NO: \_\_\_\_\_

DO YOU HAVE A FAMILY HISTORY OF BREAST CANCER? \_\_\_\_\_ YES \_\_\_\_\_ NO

WHO? \_\_\_\_\_

DO YOU HAVE CHILDREN? \_\_\_\_\_ YES \_\_\_\_\_ NO DID YOU NURSE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HOW LONG? \_\_\_\_\_

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**CLINICAL INFORMATION:**

HAVE YOU HAD A MAMMOGRAM RECENTLY? \_\_\_\_\_ YES \_\_\_\_\_ NO

RESULTS? \_\_\_\_\_

HAVE YOU HAD A BIOPSY PERFORMED?: \_\_\_\_\_ YES \_\_\_\_\_ NO RESULTS? \_\_\_\_\_

HAVE YOU HAD BREAST SURGERY (i.e. LUMPECTOMY, MASTECTOMY)? \_\_\_\_\_

DO YOU SMOKE CIGARETTES? \_\_\_\_\_ YES \_\_\_\_\_ NO HOW MANY PACKS PER DAY? \_\_\_\_\_

ARE YOU EXPOSED TO SECOND-HAND SMOKE? \_\_\_\_\_ YES \_\_\_\_\_ NO

HAVE YOU UNDERGONE OR ARE YOU SCHEDULED TO UNDERGO RADIATION? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHERE/WHEN? \_\_\_\_\_

HAVE YOU UNDERGONE OR ARE YOU SCHEDULED TO UNDERGO CHEMOTHERAPY? \_\_\_\_\_ YES \_\_\_\_\_ NO

IF YES, WHERE/WHEN? \_\_\_\_\_

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**PHYSICAL EXAMINATION:**

FOR OFFICE USE ONLY

SCARS: R: \_\_\_\_\_ L: \_\_\_\_\_ OPPOSITE BREAST: \_\_\_\_\_

BACK: \_\_\_\_\_ ABDOMEN: \_\_\_\_\_

SN>N DISTANCE: R: \_\_\_\_\_ L: \_\_\_\_\_ GRAMS/REMOVAL: R: \_\_\_\_\_ L: \_\_\_\_\_

PTOSIS: PSEUDO: \_\_\_\_\_ MILD: \_\_\_\_\_ MODERATE: \_\_\_\_\_ MAJOR: \_\_\_\_\_

SYMMETRY SURGERY: \_\_\_\_\_

RADIATION INJURY: \_\_\_\_\_

PATIENT EXPECTATIONS: \_\_\_\_\_

**RECOMMENDATIONS:**

1.: \_\_\_\_\_

2.: \_\_\_\_\_

3.: \_\_\_\_\_