

## **BREAST REDUCTION QUESTIONNAIRE**

***PLEASE BE AS DETAILED AS YOU CAN WHEN FILLING OUT THE FORM***

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Age: \_\_\_\_\_

### **Breast History**

Family history of breast cancer? Y or N? If so, who?	
Have you had a recent mammogram?	
Date of last mammogram?	
Current bra size?	
Desired cup size?	

### **Breast Symptoms/ Lifestyle/ Daily Functions (PLEASE CHECK ALL THAT APPLY)**

Shoulder grooving from bra straps		Unable to exercise due to breast pain	
Upper back, neck, shoulder pain		Unable to lift heavy objects	
Emotional stress		Poor posture	
Chronic breast pain due to weight of breasts		Difficulty finding clothing that fits	
Headache		Difficulty finding a proper bra to fit/support breasts	
Backache other than upper back pain		Unable to stand for a periods of time	
Intertrigo (rash under breasts) unresponsive to medical management		Other (please explain)	

### **Other Lifestyle/ Daily Functions**

Please explain how long you have experienced symptoms, how else it has affected lifestyle/daily functions, and any other information you would like to add in the lines below.

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**For upcoming questions, please CIRCLE the option that fits best:**

**Non-Surgical Treatments**

	YES	NO	Length of Treatment	Outcome
<b>If YES, please complete all boxes</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Physical therapy</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Chiropractor</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Massage Therapy</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Use of support bra and/or back brace</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	

**For upcoming questions, please CIRCLE the option that fits best:**

**Medication Use for Pain Relief**

	YES	NO	Length of Treatment	Outcome
<b>If YES, please complete all boxes</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>NSAID (nosteroidal anti-inflammatory agents) e.g., Tylenol, Advil, Ibuprofen, Aspirin</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Muscle relaxants</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Heat/ cold compresses/ treatments</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>Analgesic creams/ rubs/ gels (e.g., Bengay, Icy Hot, Bio Freeze, etc)</b>			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	

**For upcoming questions, please CIRCLE the option that fits best:**

**Medication Used for Intertrigo (Skin Rashes)**

	YES	NO	Length of Treatment	Outcome
Have you seen a dermatologist/ PCP for this condition? Please answer YES or NO. <b>DO NOT</b> answer length of time/outcome.			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
Did the dermatologist/ PCP prescribe any topical and/or oral medications? Please answer YES or NO. <b>DO NOT</b> answer length of time/outcome.			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
Have you taken antibiotics? If YES, please answer length of time and outcome.			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
Have you used over the counter/ prescribed creams/ ointments/ powders? If YES, please answer length of time and outcome.			Less than 6 weeks	No relief of symptoms
			6 - 11 weeks	Temporary relief of symptoms
			3 - 5 months	Complete relief of symptoms
			6 months - 1 year	
			1 year plus	
<b>** NOTE: If YES to above, please provide medical records from provider(s), preferably at the time of your appointment. Needed for prior authorization. **</b>				

**Weight Changes**

Recent weight loss or gain YES/NO? Amount?	
What was the affect on breast size? Please answer larger, smaller, or no change.	
Have you joined weight loss program YES/NO? Results?	
Have you consulted a physician/ dietician YES/NO? Results?	