

Breast Surgery Questionnaire

Name: _____ Date: _____

1. What is your particular breast problem? _____

2. Does this run in female members of your family? _____
If so, who? _____
3. What is your height? _____ Weight? _____
4. What size bra do you wear? _____ Padded or Unpadded? _____
5. How many children do you have? _____ What are their ages? _____
6. Did you breast feed? _____ Bottle feed? _____ Out of choice? _____
7. Did your breasts change in size with pregnancy? _____
If so, how much? (in bra size) _____
8. Have you ever had any breast diseases or breast tumors? _____
If so, please explain. (type, date of surgery, physician) _____

9. Has anyone in your family ever had any breast diseases or tumors? _____
If so, please specify. _____
10. How is your general health? _____
11. Have you ever had any serious illnesses? _____ If so, please specify. _____

12. Are you allergic to any medications? _____ If so, which ones? _____

13. Do you have any bleeding tendencies? _____
14. Are you taking any medicines or birth control pills now? _____ If so, please specify.

15. Have you ever had a mammogram? _____ If so, when was your most recent one?
_____ Where was it done? _____

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