



Initial Breast Consultation
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Board Certified-American Board of Plastic Surgery

Thank you for coming to see us about the possibility of having breast surgery. Please answer the following questions to help us in assessing someone for breast surgery.

Name: _____ Date: _____

Age: _____ Height: _____ Weight: _____

Primary Physician: _____

Who referred you here? _____

Is there any other physician to whom we should send correspondence? _____

Number of Pregnancies: _____ Bra Size: _____

Have you ever had a breast biopsy? _____

Have you had any other operations? _____

Do you have any relatives who have had breast cancer? _____

If yes, who and at approximately what age? _____

When and where did you have your last mammogram? _____

Do you have any other medical problems? _____

What medications do you take? _____

Are you allergic to any medications? (please list) _____