



Name: _____

Clinic #: _____

Date: _____

Breast Reduction (19318) Evaluation Form

Dr. Faeza R. Kazmier

Please check all that apply.

I. What symptoms do you have?

- Large breast size
- Shoulder pain
- Neck pain
- Upper back pain
- Skin irritation under your breasts
- Back spasms
- Hand tingling or numbness
- One breast is LARGER than the other one
 - Right
 - Left
 - No difference
- Grooving on your shoulders from bra straps
- Have to wear more than one bra to get comfortable
- Unable to sleep on back due to breast size
- Decreased tolerance, or difficulty/inability to exercise
- Have to support breasts while walking, sitting, driving
- Difficulty finding clothes that fit
- Self-conscious about your large breast size
- Miss work because of breast/back/neck problems
- Treated by a specialist for breast/back/neck problems
- Take medications for neck/back problems
- Posture problems
- Other _____

How long have you had these symptoms?

II. Breasts

How tall are you? _____
 What bra size do you wear now? _____
 What is your weight _____ lb/kg
 What bra size would you like to be? _____
 Does your breast size change with weight loss? Yes No

- Do you overfill your bra? Yes No
- Are your nipples sensate? Yes No
- Is nipple sensation important to you? Yes No
- Do large breasts run in your family? Yes No

III. Pregnancy

- Do you suspect that you may be pregnant? Yes No
Method of contraception _____
- Have you ever been pregnant? Yes No
When was your last pregnancy? _____
- Did your breast size change? Yes No
Explain _____
- Were you able to breast feed? Yes No
When did you stop lactating? _____
- Do you plan on breastfeeding in the future? Yes No

IV. Breast Cancer

- Do you perform self-breast exams? Yes No
- Have you ever had
 - Annual screening breast exam Yes No
When was the last one and result? _____
 - Mammogram Yes No
When was the last one and result? _____
 - Breast ultrasound Yes No
When was the last one and result? _____
 - Fibrocystic Breast disease Yes No
When was the last one and result? _____
 - Breast cancer Yes No
Explain _____
 - Family member with breast cancer Yes No
Explain _____
- Do you have Lumps or bumps in your breasts? Yes No
Explain _____
- Drainage from your nipples Yes No
Explain _____