

**Institute of Plastic Surgery in San Antonio, PA  
4499 Medical Drive  
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**Breast Questionnaire**

Patient:

To better serve you, please try to answer these questions to the best of your ability. This information will be used to formulate a treatment plan tailored towards your goals and /or desires. Understandably, this will remain confidential.

1) What procedure are you interested in considering at this time:

breast implant augmentation	breast reduction	breast reconstruction
breast implant exchange	breast lift	other _____
breast implant removal	breast lift & augmentation	

2) What is your chief complaint regarding your breasts?

breasts too small	droopy breasts	breast mass/cyst
breasts too large	breast pain	breasts uneven
breasts mis-shapen	other : _____	

3) Are you experiencing any symptoms? \_\_\_\_ Yes \_\_\_\_ No

If you answered "no," please skip remainder of this question

If you answered "yes," please indicate what has been bothersome:

breast pain, generalized	neck pain	poor posturing
breast pain, localized	shoulder/back pain	
painful implants	shoulder indentations	
hardening of existing implant(s)	rashes	
rupture of implant(s)	difficulty sleeping	
implant palpation/ rippling	difficulty running	
difficulty running	other _____	

4) Have you had any prior breast surgery? Yes \_\_\_\_\_ No \_\_\_\_\_ ( if answer is "no", then skip remainder of this question)

If yes, please explain: \_\_\_\_\_

Are you happy with your breast surgery results? Yes \_\_\_\_\_ No \_\_\_\_\_

If not, then please explain why? \_\_\_\_\_

More specifically, did you have a problem with:

Appearance

scarring

infection (skin or implant)

Delay in healing                      lose of nipple sensation

- 5) Have you had any previous mammograms? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "yes", when was your last one performed? \_\_\_\_\_  
Was it normal? Yes \_\_\_\_\_ No \_\_\_\_\_  
If "no", please explain: \_\_\_\_\_
- 6) Have you been diagnosed with any breast disease or cancer? Yes \_\_\_\_\_ No \_\_\_\_\_  
(If "no", please skip remainder of question)
- If "yes", please indicate condition and year of diagnosis \_\_\_\_\_
- \_\_\_\_\_
- If yes, have you had surgery to reconstruct your breast(s)? Yes \_\_\_\_\_ No \_\_\_\_\_
- If you had breast reconstruction, please indicate type(s):
- |                             |                        |
|-----------------------------|------------------------|
| TRAM flap (free or pedicle) | Tissue expansion       |
| Latissimus flap             | Implant reconstruction |
| Other: _____                |                        |
- 
- 7) Do you have a family history of breast cancer? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please tell us who? \_\_\_\_\_
- 8) Have you had any children? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, how many? \_\_\_\_\_  
If yes, when was your last pregnancy? \_\_\_\_\_
- 9) Did you breastfeed? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, when did you last experience lactation? \_\_\_\_\_
- 10) Is there any reasonable possibility that you are pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
- 11) Do you have any immediate plans to become pregnant? Yes \_\_\_\_\_ No \_\_\_\_\_
- 12) Are you taking some form of contraception? Yes \_\_\_\_\_ No \_\_\_\_\_
- 13) Are you taking some form of hormone replacement? Yes \_\_\_\_\_ No \_\_\_\_\_
- 14) What size of bra do you wear? \_\_\_\_\_
- 15) What size of bra would you like to wear? \_\_\_\_\_
- 16) Do you have problems with:
- |            |           |          |
|------------|-----------|----------|
| anesthesia | Yes _____ | No _____ |
| bleeding   | Yes _____ | No _____ |
| scarring   | Yes _____ | No _____ |
| healing    | Yes _____ | No _____ |