

BREAST EVALUATION QUESTIONNAIRE

Name _____

Age _____

Bra Size _____

Ht. _____

Wt. _____

I am interested in:

Breast Reconstruction

Breast enlargement

Breast Lifting

Breast implant removal

Breast implant revision/exchange

Inverted nipple repair

Areola/Nipple Reduction

What was the date of your last mammogram _____

Results _____

Have you had any previous breast surgery? Yes ___ No ___

Type _____

Date _____ Results _____

Physician _____

Any family history of breast cancer? Yes ___ No ___

Who _____ at what approximate age _____

Do you smoke tobacco? Yes ___ No ___ If yes, how much? _____

Please complete these questions if you already have breast implants:

1. When did you first have your breast implants _____

2. Physician _____

Office Address _____

What type of implants? Silicone / Saline / Other _____

What size implants?

Where are they placed? (Please circle)

On top of the muscle Under the muscle

3. What size bra did you wear before your implants? _____

*Please provide implant card and Operative Report this can be emailed to info@biancachimd.com, or faxed to 888-372-2446