Breast Surgery Patient Information Worksheet Plastic Surgery, Kaiser Permanente -- Santa Rosa Page 1 of 5

Date	/	_/	-						
Name						Ме	dical Re	cord #	
Age									
	ft	_in							
	t Weight	_lbs.	Heaviest	lbs.	Lightes	it	_lbs.	Preferred	lbs.
Breast									
	Bra Size								
	Cup Size		Right			Left			
	Current		D DD DDD		АВС		_		
	Largest		D DD DDD		АВС		_		
	Smallest *		D DD DDD		ABC				efore implants,
	Desired		D DD DDD		АВС		_		oplicable
	f weight loss or				ıl	modera	ate	major	
Pregnar	ncies Yes No)	how many						
	eeding Yes No					how ma	any time	s	
	have any other								
∐ Brea	ist masses								
Brea	st pain								_
☐ Nibb	le or skin chang	ges							
∐ Nibb	le discharge								
	uent infections								
☐ Cyst									
	ocystic disease								
	er			4					
HISTORY	of breast diseas	ses, brea	st cancer, brea	ast biopsie	s, or brea	ast surg	jery		
Last ma	history of breast	_/ F	Result:		Yes / No	0	Who?	D N	ever had one
Do you	form keloids or								
					_				
Please	list ALL medica	l problen	ns:						
	list All associase	4: (1:	-4 N /1:4:	D 0 F					
Please	list ALL medica	tions. (Li	st Medication,	Dose, & F	requenc	y):			
herbal n St. Johr	take or have yo nedicines, bota n's Wort, or vale c.) □ No If yes	nicals, et rian? <i>(A</i>	c., including ed Il herbal medid	chinacea,	ephedra	(mahua	ng), garl	lic, ginko, g	inseng, kava,
Have yo	ou ever taken co	ortisone d	or steroids?	Yes / N	lo	What, \	When, H	ow, Why ar	nd How Long?
Have yo	ou ever taken ar	ny type o	f hormones, in	cluding bi	rth contro	ol? Wha	at, When	n, Why and	How Long?
			· 					-	
Please	list ALL previou	s breast	surgeries, date	es, surgec	n, hospit	al, anes	thesia:		

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Please list ALL	other surgeries:							
	t information (if applicated) beking breast implant rev							
Implant Informa	ation							
Manuf	acturer: Mentor McGha	an Dow	Other_			<u></u>		
Style: Other i	Model # nformation:		Size	: Right	cc	Leftcc		
								<u>—</u>
	reconstruction inform				,		Diabt	l oft
	a lumpectomy		no	Date _ Date _	/		Right	Left
Have you had	s lumpectomy planned	-	no no	Date	/		Right Right	Left Left
•	s mastectomy planned	yes	no no					
	radiation therapy	yes	no	Dates	/	 through	/	Leit
	s radiation planned	yes	no	Dates _	/	through	/	
	chemotherapy	yes	no			through		
	опотошогару	you	110	Dates_		tillougii	/	_
	s chemotherapy planned	ves	no	Dates		through		-
What drugs		, , , ,	110	D a.00 _				
Have you had a	any local recurrences of	the can	cer	yes	no	Where		-
•	any metastases from the			yes		Where		
	eneral surgeon			,				
Who is your Or	ncologist							
	adiation Therapist							
	ade specific recommender recommendations?	ations o	other tha	n those lis	sted abo	ove? yes	no	
	ade recommendations re recommendations?	garding	g the OT	HER brea	nst?	yes	no	
<u>Habits</u> Tobacco use	Yes No Type		ΔΜΟΙ	ınt & Dura	tion	·	Quit when	2
Alcohol use	Yes No Type					· · · · · · · · · · · · · · · · · · ·		
Drug use	Yes No Type		Amou					
<u>Allergies</u>	Drug/Food/Allergen		Type of Reaction					
								- - -

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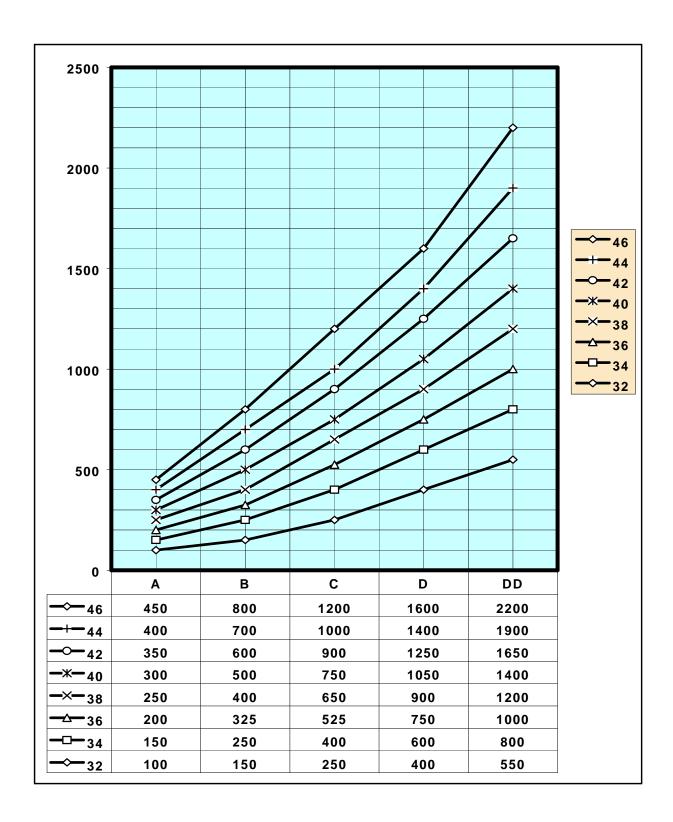
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Symptoms & Concerns:	
Please summarize your symptoms and concerns:	
□ Back pain □ Neck pain □ Shoulder pain □ Breast pain □ Pain from bra straps □ Skin irritation □ Shape of breasts □ Asymmetry □ Other symptoms:	 □ Appearance □ Problems with body image □ Difficulty in personal relations □ Difficulty buying/fitting clothing □ Breast size interferes with exercise □ Avoidance of special activities □ Restriction of normal activity
What is your main concern regarding your breasts?	
What do you hope to achieve from a breast reduction when the specific recommendations for treatment what are these recommendations?	
What questions do you wish to have answered?	
We appreciate your visit and we respect your privace May we contact this person to thank them? Yes At what number(s) may we Call you? Leave a message with a person and tell Leave a message on an answering mach	them we called?

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		Small Female									
Ft	In	Ideal Wt 110%		125%	133%	140%	150%				
4	10	107	118	134	142	150	161				
4	11	108	119	135	144	151	162				
5	0	110	121	138	146	154	165				
5	1	112	123	140	149	157	168				
5	2	115	127	144	153	161	173				
5	3	118	130	148	157	165	177				
5	4	121	133	151	161	169	182				
5	5	124	136	155	165	174	186				
5	6	127	140	159	169	178	191				
5	7	131	144	164	174	183	197				
5	8	133	146	166	177	186	200				
5	9	135	149	169	180	189	203				
5	10	139	153	174	185	195	209				
5	11	142	156	178	189	199	213				
6	0	145	160	181	193	203	218				
		Medium Female									
4	10	117	129	146	156	164	176				
4	11	120	132	150	160	168	180				
5	0	122	134	153	162	171	183				
5	1	125	138	156	166	175	188				
5	2	128	141	160	170	179	192				
5	3	131	145	164	175	184	197				
5	4	135	149	169	180	189	203				
5	5	139	152	173	184	194	208				
5	6	142	156	178	189	199	213				
5	7	146	160	182	194	204	219				
5	8	149	164	187	199	209	224				
5	9	152	167	190	202	213	228				
5	10	154	170	193	205	216	231				
5	11	157	173	196	209	220	236				
6	0	160	176	200	213	224	240				
				_arge F	emale						
4	10	123	135	154	164	172	185				
4	11	127	140	159	169	178	191				
5	0	130	143	163	173	182	195				
5	1	133	146	166	177	186	200				
5	2	136	150	170	181	190	204				
5	3	139	153	174	185	195	209				
5	4	142	156	178	189	199	213				
5	5 6	145	160 164	181	193	203	218				
5	7	149 153	168	186 191	198 203	209	224				
5	8	153	173	191							
5	9		173	200	209	220 224	236 240				
5	10	160 163	179	200	213 217	228	240				
5	11	166	183	204	221	232	243				
6	0	169	186	211	225	237	254				
9	9	109	100	211	223	237	237				

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