

## Breast Reduction Evaluation Form

-Name:

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-Who referred you to Surgical Services PC?

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-What is your current bra size?

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-At what age did you first note you have large breasts?

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-Do you currently or have you ever had a rash under your breasts?

Currently / Previously / No

-Do you have neck or back pain? Neck / Back / No

-Are you able to exercise? Yes / No

-Do you have a personal history of breast pathology? Yes / No

-Have you ever had breast surgery before? Yes / No

If yes, please list:

Procedure	Year

-When was your last mammogram?

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-Have you ever breastfed? Yes / No

-Do you plan to be pregnant or breastfeed in the future?

Pregnant / Breastfeed / No

**Measurements:**

- SN to N; R\_\_\_\_; L\_\_\_\_
- IMF to N; R\_\_\_\_; L\_\_\_\_
- N to N; \_\_\_\_\_

