

## BREAST REDUCTION QUESTIONNAIRE

This questionnaire is designed to assist us in obtaining insurance authorization for your procedure. Please note your insurance provider may request proof of documentation to support the information provided in this questionnaire.

1.) What interventions have you taken to alleviate your neck, back and/or shoulder pain? (i.e., chiropractic treatments, physical therapy, home exercise program, acupuncture, massage, heat/cold therapy or pain medication management). Please indicated length of time for each treatment.

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2.) If you have bra strap grooving, what type of interventions have you taken to help improve your shoulder grooving in the last 3-6 months? (i.e., Wide strapped bra to assist with weight distribution, padding, etc.)

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3.) If you experience skin rashes or abrasive skin irritation under your breasts, also known as Intertrigo, what interventions have you taken to help treat this condition? (i.e., keeping skin clean and dry, topical agents). Please indicate how often this condition occurs.

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4.) Have you ever experienced pain, numbness or tingling in your arms and/or hands?  
Yes or No

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5.) If you do experience numbness, tingling or pain in your arms and/or hands, how long have you had this condition and what do you do to manage your symptoms? (i.e., rest/immobilization of extremity, heat therapy, massage, etc.). Please indicate how often you experience these symptoms and if you have had these symptoms evaluated by a specialist or your primary care physician? Have you had any imaging studies?

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6.) What other conditions or symptoms do you have that you feel are a result of breast hypertrophy (enlarged breasts)?

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