



Patient Name: _____ Date: _____

What is your particular breast problem? _____

Does this run in female members of your family? _____ If so, who? _____

What is your height? _____ What is your weight? _____

What bra size do you wear? _____ Padded or unpadded? _____

How many children do you have? _____ Ages: _____

Did you breast feed? _____ Bottle feed? _____ Out of choice? _____

Did your breasts change size with pregnancy? _____ If so, how much (in bra size)? _____

Have you ever had any breast diseases or breast tumors? _____
If so, please specify (type, date of surgery, doctor) _____

Has anyone in your family had any breast diseases or breast tumors? _____
If so, please specify _____

How is your general health? _____

Have you ever had any serious illnesses? _____ If so, please specify _____

Are you allergic to any medications? _____ If so, please specify _____

Do you have any bleeding tendencies? _____

Are you taking birth control pills now? _____ If so, please specify _____

Have you had a mammogram? _____ If so, where your results normal or abnormal? _____
Date of most recent mammogram _____

Body Surface Area m² and Cutoff Weight of Breast Tissue Removed

$BSAm^2 = \text{The square root of: Ht. (inches) x Wt. (lbs) divided by 3,131}$

Body Surface Area (m)	Minimum Breast Tissue to be Removed in Grams
1.35	199
1.40	218
1.45	238
1.50	260
1.55	284
1.60	310
1.65	338
1.70	370
1.75	404
1.80	441
1.85	482
1.90	527
1.95	575
2.0	628
2.05	687
2.10	750
2.15	819
2.20	895
2.25	978
2.30	1068
2.35	1167
2.40	1275
2.45	1393
2.50	1522
2.55	1662