

**Breast Surgery Consultation**      Dean P Kane, MD, FACS, PA

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date: \_\_\_\_\_

*Thank you for choosing our office for your consultation! Please check or fill in the following information so I may better help you.*

**Height:**\_\_\_\_, **Weight:**\_\_\_\_. **Pregnancies:** \_\_\_\_\_, **Number of children:** \_\_\_\_\_, **Miscarriages:** \_\_\_\_\_, **Abortions:** \_\_\_\_\_.

**Menarche** (age you first developed breast(s):\_\_\_\_\_. Total # of years on **Birth Control Pills?** \_\_\_\_\_. Did you **Breast Feed?** Y N

Your present **BRA size:** \_\_\_\_\_ inches; A B C D DD DDD, larger \_\_\_\_\_ **CUP size.** Desired cup size? \_\_\_\_\_ (not guaranteed!)

**Have you had breast cancer?** Yes No. Any **family with breast cancer?** Grandmother(s), Mother, Sister(s) ? None

List and date any prior **Mammograms:** WHERE and WHEN was the last mammogram performed? \_\_\_\_\_

Age: \_\_\_\_\_, Findings:

List and date any prior **Breast Surgery or Injury:**

Age: \_\_\_\_\_, Findings:

**Breast Reduction or Gynecomastia Consultation Only:**

0 Shoulder Pain (723.9)  
0 Bra Strap Grooving (738.3)  
0 Upper Back Pain (724.1, 724.5)  
0 Neck Pain (723.1)  
0 Headache (784.0, 307.81)  
adrenal/pit tumors

0 Hand Numbness (782.0, 354.2)  
0 Custom Fitted Bras (V52.9)  
0 Rash / Dermatitis (695.89)  
Rx: \_\_\_\_\_

0 Breast Pain(from wt): (611.71)  
0 Restricted/Impaired Work (780.9)  
Breasts in the way; Fatigue  
Lifting; Push or pulling  
Impaired exercise

0 marijuana, H2 blocker,  
dilantin, digoxin, DES,  
ketoconazole, alcohol,  
spironolactone, lupron,  
TCA-depressants, valium.  
liver dz,

Breast Surg Web Cons 041520