

BREAST ENHANCEMENT QUESTIONNAIRE

Name _____ Date _____

Birth date _____ Height _____ Weight _____ Bra size _____

Primary Doctor _____

Number of births _____

Breast feed? _____ Y/N

Planning more children? Y/N

Last Mammogram Date _____ Result _____

Previous Breast Surgery _____

Any other breast problems (pain, discharge, cysts, etc.)? _____

Do you have a family history of breast cancer?

No Yes mother
 sister(s)
 maternal aunt(s)
 maternal grandmother

Have you talked with other women who have undergone breast augmentation? _____

Have you consulted other sources (books, magazines, internet, etc.) to find out about breast augmentation? _____ What was the most helpful? _____

How long have you considered breast augmentation? _____

What is your desired bra size? _____

What else would you like to change about the appearance of your breasts? _____