We are sorry for the inconvenience and burden of additional paperwork; however, to comply with requests from insurance companies for more and more information to enable approval of this procedure, we must have you answer the following questions. Additional information may still be requested.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# of children: \_\_\_\_\_\_\_\_ Bra size: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SYMPTOMS: (Please check all that apply.)**

( ) Shoulder Pain (723.9) ( ) Shoulder Grooving (738.3)

( ) Breast Asymmetry ( ) Upper Back Pain (724.1)

( ) Rash under/between Breasts (695.89) ( ) Lower Back Pain (724.2)

( ) Shoulder Irritation/Pigmentation ( ) Neck Pain (723.1)

( ) Numbness of Arms and/or Hands ( ) Breast pain (611.71)

( ) Headaches (784.0)

**HISTORY:**

Have you been treated by a physician for any medical problems because of your large breasts?

( ) yes ( ) no Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Do you take any over the counter medications, creams, lotions or ointments for these conditions? ( ) yes ( ) no Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you received any physical therapy, massage therapy or chiropractic care for symptoms?

( ) yes ( ) no Explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Have you had a mammogram? ( ) yes ( ) no If yes, When? \_\_\_\_\_\_\_\_\_\_\_\_Where? \_\_\_\_\_\_\_\_\_\_\_

Results?\_\_\_\_\_\_\_\_\_\_

Does weight gain/loss affect breast size? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Describe how your large breasts interfere with your daily activities including work and exercise related and any other activities: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**FOR OFFICE USE ONLY:**

**Height: \_\_\_\_\_\_\_\_\_\_\_\_\_ Weight: \_\_\_\_\_\_\_\_\_\_\_\_ BMI: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ BSA: \_\_\_\_\_\_\_\_\_\_\_\_**

**Brief History:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Assymetry? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAC Distortion? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Sternal notch to nipple: LEFT: \_\_\_\_\_\_\_\_\_\_\_\_\_ RIGHT: \_\_\_\_\_\_\_\_\_\_\_\_**

**Inframammary fold to nipple: LEFT: \_\_\_\_\_\_\_\_\_\_\_RIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Estimated grams to be removed: LEFT: \_\_\_\_\_\_\_\_\_\_\_\_RIGHT: \_\_\_\_\_\_\_\_\_\_\_\_\_**

**Notes: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**Thomas J. Meeks D.O., FACOS, FACS**