

Name _____
Date _____

BREAST REDUCTION QUESTIONNAIRE

Current Bra Size:
Chest circumference _____
Cup size _____

Desired Cup Size _____

Pain:

Back _____
Neck _____
Shoulder _____
Breast _____
Headache _____
Other _____

Symptoms:

Skin Rashes _____
Ulcers/Sores on Breast Skin _____
Groove marks/discoloration of shoulder skin _____
Little finger numbness _____

Medications:

Tylenol _____
Aspirin _____
Motrin/Motrin like drugs _____

Physical Therapy? Yes _____ No _____ **Chiropractor?** Yes _____ No _____
How long? _____ Where: _____
Dates: _____

Spine Surgeon (orthopedic/neurosurgeon) consultation? Yes _____ No _____
Name of Doctor and dates seen _____
Length and duration of symptoms _____ years
Have you tried supportive bras? Yes _____ No _____
Any activities you cannot do because of your breast size/symptoms? _____

Mammogram _____
Family History _____
Breast Surgery _____
Nipple Discharge _____
Radiation Therapy _____