

Paul R. Ringelman M.D., F.A.C.S

Breast Reduction Questionnaire

Patient Name:

Date:

Duration of Symptoms:

Breast Size:

Breast Size Relative to Each Other:

Current Bra Circumference (eg. 34, 40):

Current Cup Size:

Breast pain? Y N

Odor from breast? Y N

Back pain? Y N

Problems with posture (eg. Shoulders slumped forward)? Y N

Neck pain? Y N

Little finger numbness? Y N

Shoulder pain? Y N

Rashes (on/between/beneath breasts)? Y N

Headaches? Y N

Wounds or sores on breast skin? Y N

Shoulder bra strap grooving? Y N

Treatment of rash (steroid cream, antifungal cream or powder)?

Prior Spine Consultation? (Provider/dates)

Prior Physical Therapy? (Provider/dates)

Pain Medication to Relieve Symptoms (eg. Motrin, Ibuprofen, Tylenol)?