



Breast Information Sheet

Dr. Bennett feels that it is important to have a comprehensive breast history before considering any breast surgery. Please answer the below questions.

What is your current bra size? _____

What size would you like to be? _____

How many children have you had? _____

How many were breast fed? _____

Have your breasts been changing in size recently? YES NO

Have you had radiation of your breasts? YES NO

Diagnosed with breast cancer? YES NO

Has your maternal grandmother had breast cancer? YES NO

Has your mother had breast cancer? YES NO

Number of maternal aunts? _____

Number with breast cancer? _____

Number of sisters? _____

Number with breast cancer? _____

Diagnosed with fibrocystic disease? YES NO

Have you had a mammogram in the past year? YES NO Date _____

If so, was normal? YES NO US _____

Have you ever had any of the below symptoms:

Breast pain YES NO

Breast infection YES NO

Nipple drainage YES NO

Have you ever had any of the following procedures?

Cyst aspiration, YES NO

Breast biopsy YES NO

Breast surgery, YES NO

Do you feel that one breast is different than the other? YES NO

Explain _____

Patient Signature: _____ Today's Date: _____ Reviewed by: _____