

Patient Name: _____ Date: _____

COSMETIC BREAST SURGERY QUESTIONNAIRE

- Breast Augmentation
- Breast Lift
- Breast Lift with Implant
- Unsure

Height: _____ Weight: _____ Bra Size: _____

Date and location of last mammogram: _____

Please list any history of breast surgery:

Please list any family history of breast cancer:

Relationship	Age of Diagnosis	Tumor Type (If Known)

Did you breast size change significantly with pregnancy or breastfeeding? Yes No

Do you plan on having children/more children? Yes No Don't Know