

**Aesthetic Consultants of Iowa**

**\*\* BREAST INFORMATION RECORD \*\***

*Please complete this for your record*

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Age: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Bra size: \_\_\_\_\_

Last Menstrual Period \_\_\_\_\_ Age of first period: \_\_\_\_\_

Family history of breast cancer?

Mother: Yes No

Maternal grandmother: Yes No

Sisters: Yes No

Number of Pregnancies \_\_\_\_\_ Ages of children: \_\_\_\_\_

Did you breast feed these children? Yes No

Have you had a mammogram? Yes No

What Years? \_\_\_\_\_

Methods of birth control ? \_\_\_\_\_

Do you do monthly breast self-examinations? Yes No

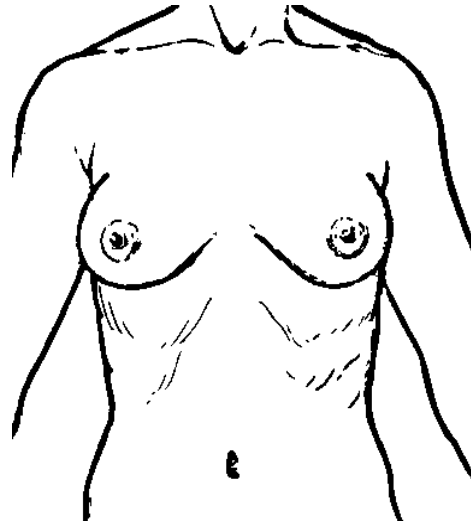
Any changes that concern you? Yes No \_\_\_\_\_

Previous breast surgery? Yes No \_\_\_\_\_

Why are you considering surgery at this time? \_\_\_\_\_

What are your expectations and desires from surgery? \_\_\_\_\_

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



Date \_\_\_\_\_

\_\_\_\_\_  
(Signature)

**COMPLETE BACK OF FORM FOR BREAST REDUCTION ONLY**

**FOR PHYSICIAN USE ONLY**

Size: R = L R < L R > L

Skin: Tight Straie

Inframammary crease: R = L

R > L

R < L

GRAMS TO BE REMOVED: RIGHT SIDE \_\_\_\_\_ LEFT SIDE \_\_\_\_\_

- |                                 |   |                                 |   |
|---------------------------------|---|---------------------------------|---|
| <input type="checkbox"/> 611.1  | <b>MEDICARE DIAGNOSES</b>   | <input type="checkbox"/> 719.41 | Pain in shoulder region                       |
| <input type="checkbox"/> 354.2  | Hypertrophy of breast (severe)  | <input type="checkbox"/> 781.9  | Poor posture                                  |
| <input type="checkbox"/> 611.71 | Paresthesia of ulnar nerve  | <input type="checkbox"/> 909.2  | Late effect radiation therapy                 |
| <input type="checkbox"/> 695.89 | Pain in breasts   | <input type="checkbox"/> 909.3  | Late effect surgical complication             |
| <input type="checkbox"/> 705.83 | Intertrigo  | <input type="checkbox"/> 996.79 | Periprosthetic capsular fibrosis              |
| <input type="checkbox"/> 706.1  | Hidrandenitis Suppurative   | <input type="checkbox"/> 998.3  | Postoperatic wound disruption                 |
| <input type="checkbox"/> 723.1  | Acne  | <input type="checkbox"/> 998.5  | Postoperative wound infection                 |
| <input type="checkbox"/> 723.9  | Pain in neck  | <input type="checkbox"/> 611.9  | Unspecified breast disorder                   |
|                                 | Unspecified musculokeletal disorder & symptoms. Referable to neck (shoulder pain) | <input type="checkbox"/> 996.54 | Complication, mechanical of breast prosthesis |
| <input type="checkbox"/> 724.1  | Pain in thoracic spine  | <input type="checkbox"/> V10.3  | Personal hx of breast carcinoma               |
| <input type="checkbox"/> 724.2  | Low back pain   | <input type="checkbox"/> V16.3  | Family hx of breast carcinoma                 |
| <input type="checkbox"/>        | <b>OTHER DIAGNOSES</b>  | <input type="checkbox"/>        |   |
| <input type="checkbox"/> 782.2  | Shoulder grooving   | <input type="checkbox"/>        |   |
| <input type="checkbox"/>        |   | <input type="checkbox"/>        |   |

# Breast Reduction

Patient Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_ Back Pain – Duration \_\_\_\_\_ (years/months/days)

Treatment \_\_\_\_\_

By Whom: \_\_\_\_\_

\_\_\_\_ Shoulder Pain – Duration \_\_\_\_\_ (years/months/days)

Treatment \_\_\_\_\_

By Whom \_\_\_\_\_

\_\_\_\_ Neck Pain – Duration \_\_\_\_\_ (Years/months/days)

Treatment \_\_\_\_\_

By Whom \_\_\_\_\_

\_\_\_\_ Rashes underneath/between breasts – Duration \_\_\_\_\_ (years/months/days)

Treatment \_\_\_\_\_

By Whom \_\_\_\_\_

\_\_\_\_ Shoulder grooving? Duration \_\_\_\_ (years/months/days)

Treatment \_\_\_\_\_

By Whom \_\_\_\_\_

Activities of Daily Living you are unable to do because of breast size \_\_\_\_\_

Additional problems/info \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_