UNIVERSITY OF IOWA HEALTH CARE | Aesthetic Consultants of Iowa
PLASTIC AND RECONSTRUCTIVE SURGERY

Gynecomastia

Name _____***DOB:***_____***Date***_____

Height:_____ Weight:_____ Months at current weight?_____ Activity Level:_____

Areas of concern:_____

What changes in this area concern you:_____

At what age first noticed:_____

Do you have any pain in this area?_____ Please circle area affected: Both sides/right side/left side.

Is there any history of breast cancer in your family?_____. If so, what relation_____

Do you have a personal history of the following:

Yes	No	
☐	☐	Pain / Masses of Testicles
☐	☐	Previous breast surgeries
☐	☐	Testicular tumor
☐	☐	Adrenal tumor
☐	☐	Personal use of anabolic ateroids
☐	☐	Personal use of estrogen
☐	☐	Personal use of growth hormone
☐	☐	Personal use of marijuana
☐	☐	History of obesity
☐	☐	Hyperthyroidism
☐	☐	Liver disease or cirrhosis
☐	☐	Chronic kidney disease
☐	☐	HIV
☐	☐	Klinefelter's syndrome

Have you ever used the following medications:

Yes	No	
☐	☐	Finasteride
☐	☐	Spironolactone
☐	☐	Ketoconazole
☐	☐	Metronidazole
☐	☐	Isoniazid
☐	☐	Ranitidine
☐	☐	Methotrexate
☐	☐	Digoxin
☐	☐	Verapamil
☐	☐	Diltiazem
☐	☐	Amiodarone
☐	☐	Enalapril
☐	☐	Diazepam
☐	☐	Antipsychotic medications
☐	☐	Metoclopramide
☐	☐	Phenytoin
☐	☐	Statins

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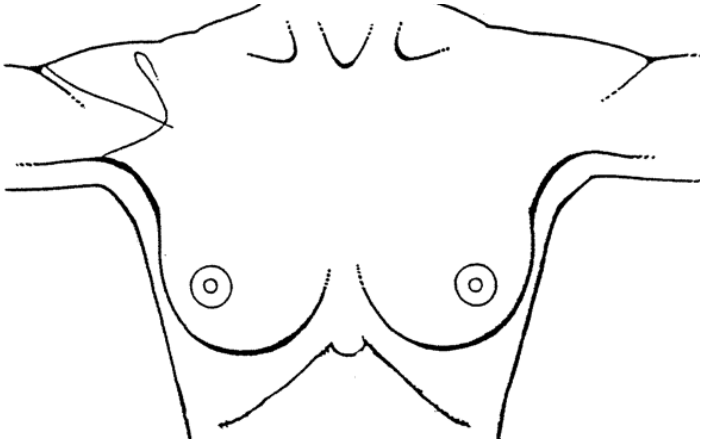
FOR PHYSICIAN USE ONLY

Size: R=L R < L R > L Skin: Tight Straie

Inframammary crease: R=L R>L R<L

Grade I: Small breast enlargement, localized button of tissue around the areola.
Grade II: Moderate breast enlargement exceeding areola boundaries with edges that are indistinct from the chest.
Grade III: Moderate breast enlargement exceeding areolar boundaries with edges that are distinct from the chest with skin redundancy.
Grade IV: Marked breast enlargement with skin redundancy and feminization of the breast.



Provider Reviewed _____