



Carolinas Healthcare System Breast Reconstruction Patient Form

Please fill out the information below. If you have any questions, please let us know and we will be happy to help you.

My Health Problem (put a ✓ next to your answer)

Ductal Carcinoma in Situ (DCIS) _____ Right Breast _____ Left Breast

Breast Cancer _____ Right Breast _____ Left Breast

Have you tested positive for these genes? _____ BRCA 1 _____ BRCA 2

Any other genes you tested positive for that we should know about? _____

Have you been treated with chemotherapy? _____ Yes _____ No _____ Don't know

Have you been treated with Radiation Therapy? _____ Yes _____ No _____ Don't know

What breast procedures you have had in the past?

Procedure _____ When did you have this done (date)? _____

What abdomen (stomach) procedures you have had in the past?

Procedure _____ When did you have this done (date)? _____

What is the reason you want to get breast reconstruction (rebuild the shape look of your breasts)?

- Thinking about mastectomy (surgery to remove your breasts)
Had mastectomy in the past
Thinking about lumpectomy (surgery to take out a mass of tissue from your breast)
Had lumpectomy in the past
Fix a deformity (flaw) in your breast that you have had for a long time
Problem with breast implants



Have you talked to another Plastic Surgeon about breast reconstruction? Yes No

What do you want to use for your breast reconstruction?

My own tissue Implant I'm not sure

Do you want your reconstructed breast(s) to be:

Same size as they are now Larger than they are now Smaller than they are now
 I'm not sure

Would you be okay with doing surgery on your other breast to make them the same size? If the doctor thinks this is best?

Yes No Don't know

Do you smoke? **Yes** How many cigarettes do you smoke each day? _____

How long have you smoked? _____

No Did you ever smoke? _____

How long did you smoke? _____

Please sign your name below:

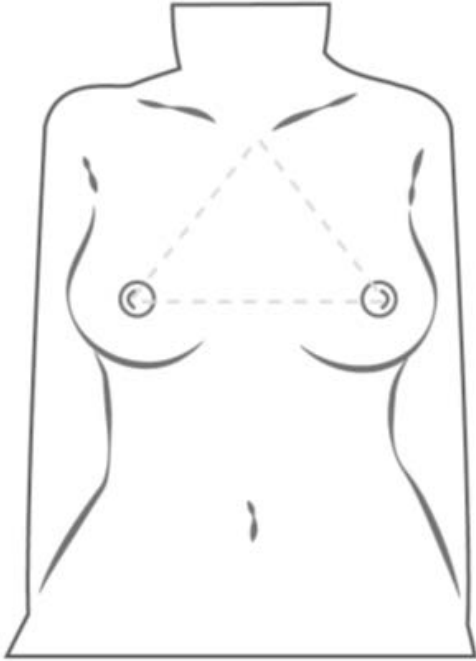
Signature _____ Date _____ Time _____

Approved by Atrium Health Corporate Health Literacy, March 2018

Carolinas HealthCare System complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.
ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1- 800-821-1535.

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1- 800-821-1535.

Physical Reconstruction Breast Exam



Height _____

Weight _____

BMI _____

Breast Parameters

Right Breast

Left Breast

Base Width _____

Suprasternal Notch _____

Nipple to Inframammary Fold _____

Shoulder Level: _____ Side Higher: _____

IMF Level: _____ Side Higher: _____

Asymmetry: _____

Scars: _____

Ptosis: I II III

Abdomen Scars: _____

Abdominal Volume Estimate: Smaller Similar Larger (vs Breast Volume)

Hernia: Yes No

Rectus Diastasis: Yes No

Plan

Immediate or Delayed

TE

Implant

DIEP

CTA Yes No

Pictures Yes No

Follow Up: _____

Signature _____ Date _____ Time _____

Rev: 03/18

