



239) 332-2388
Fax (239) 332-2382

12411 Brantley Commons Ct.
Fort Myers, FL 33907
www.farahmandplasticsurgery.com

BREAST EVALUATION FORM

Today's Date _____

Patient's Name: _____ DOB: _____

Age _____ Height _____ Weight _____

Pant size _____ Current Bra Size _____

Cup size _____ Do you fill the cup size? NO YES, _____

Is one breast larger than the other? YES NO

If yes, which breast is larger? _____ Right Breast Larger than Left Breast _____ Left Breast Larger than Right Breast

What cup size do you want to be? _____

Dr. Farahmand's suggested Implant size _____

Patient likes implant size _____

Medical Questions:

Do you currently have Breast implants? YES NO

If yes, Date of Surgery: _____ Surgeon's name _____

Do you know what type of implants you have? Silicone (Gel) Saline Other: _____

Do you have a personal history of Breast Cancer? NO YES, _____

Do you have a family history of Breast Cancer? NO YES, _____

If yes, what relation was the cancer patient? _____

Have you ever had a breast lump or biopsy? NO YES, _____

Have you had a mammogram? NO YES, Date of most recent mammogram _____

Mammogram Results _____

Do you have fibrocystic breast Disease? NO YES, _____

Do you have scoliosis? NO YES, _____

Have you had children? NO YES, How many _____

Delivery: C-Section Vaginal Other _____

Did you breast feed? NO YES, How long? _____

How engorged did you get? _____