

# Mastectomy Clinical Questionnaire

All questions contained in this questionnaire are strictly confidential and will become part of your medical record.

Date: \_\_\_\_\_

Patients Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Referring Doctor: \_\_\_\_\_ Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Fitter: \_\_\_\_\_

## MEDICAL HISTORY

Date of last physical exam: \_\_\_\_\_

Date of surgery: \_\_\_\_\_

Was the surgery bilateral or unilateral? \_\_\_\_\_

If unilateral, which side? \_\_\_\_\_

If surgery was done 8 weeks ago, have been released from your surgeon?  Yes  No

Are you currently wearing a breast form?  Yes  No

If yes, how long? \_\_\_\_\_

Are you particular in the type of bra that you want?  Yes  No

If yes, what would you like in a bra? \_\_\_\_\_

Do you have trouble hooking a bra with a back closure?  Yes  No

## TO BE COMPLETED BY FITTER

Band Measurement: \_\_\_\_\_

Cup Measurement: \_\_\_\_\_

Symmetry measurement: \_\_\_\_\_

Assessment Note (any visible scars, rashes, open wounds, etc.): \_\_\_\_\_

Objective Note (what is the goal to be accomplished with today's fitting): \_\_\_\_\_

Plan Note (plan for follow up): \_\_\_\_\_

Products sold to the patient have been inspected for defects and structural integrity?  Yes  No