

BREAST REDUCTION (F TO M) - EVALUATION AND CONSULTATION

PATIENT SIDE (FRONT) – please answer all questions

1. Today's date: \_\_\_\_\_ 2. Your name: \_\_\_\_\_
3. How old are you? \_\_\_\_\_ 4. Are you married or with a partner? Yes No
5. What is your job? \_\_\_\_\_
6. Describe your problem:
7. Have you had children ? NO YES
8. How tall are you? \_\_\_\_\_ feet \_\_\_\_\_ inches 12. How much do you weigh? \_\_\_\_\_ lb.
9. What is your current cup? A B C D DD OTHER \_\_\_\_\_
10. Have you had problems with the breast? no yes (describe below)

breast biopsy that was normal fibrocystic disease other \_\_\_\_\_

11. Do you have a family history of breast cancer? No yes (describe)
- mother sister aunt (mother's sister) aunt (father's sister)
- grandmother (mother's mother) grandmother (father's mother)

12. Have you had a mammogram in the last year? no yes (describe)
- normal within last year abnormal within last year

13. Do you exercise regularly? no yes (describe)
- aerobic/running weight machine free weights other \_\_\_\_\_

14. Do you take male or other hormones? no yes
- name of medication: \_\_\_\_\_ dose: \_\_\_\_\_ who prescribes this?
- prescribing physician name: \_\_\_\_\_ telephone #: \_\_\_\_\_

20. Are you under the care of a psychiatrist or therapist? Please list:
- psychiatrist name: \_\_\_\_\_ telephone #: \_\_\_\_\_
- therapist name: \_\_\_\_\_ telephone #: \_\_\_\_\_

21. Do you take any psychotropic medicines e.g. antidepressant, anti-anxiety, mood stabilizers, sleeping pills etc?  
If so, please list:

22. How long have you been living as a man? \_\_\_\_\_

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Patient name: \_\_\_\_\_

**DR. HUDSON WILL COMPLETE THIS PAGE (BACK) - DO NOT ANSWER THESE QUESTIONS**

**Asymmetry:** NO YES shape size: R larger left larger

**NIPPLE:** Nipple-SSN R= L= Nipple diameter R= L= discharge or bleeding : NO YES

**SKIN:** Stretch marks NO YES Elasticity of skin good poor

**CHEST:** Round-barrel-chest: NO YES Scoliosis: NO YES

**Mass:** NO R L location: \_\_\_\_\_

**LNs:** axillary : NO R L supraclavicular : NO R L

**General Exam:** BP significant abnormal findings: \_\_\_\_\_

**PROBLEM:** hypertrophy F TO M change

**RECOMMENDATION**

Breast Reduction using modified simple mastectomy other

**COMPLICATIONS**

- BRUISING • SWELLING • BLEEDING • INFECTION • NUMBNESS • LONG SCAR • THICK SCAR
- ASYMMETRY • POOR HEALING • GA • NO GUARANTEE • THROMBOEMBOLISM (CLOTS) • HORMONES
- SEROMA • HEMATOMA • LUMPINESS-HARDNESS • 90% SATISFACTION • MAMMOGRAPHY DIFFICULT
- TATTOO • NIPPLE LOSS • NIPPLE SHAPE • CHEST SHAPE • DOG EARS • BREAST WEBBING • DRAIN
- NOT ALL TISSUE REMOVED • ADDITIONAL FEE FOR FUTURE LIPOSUCTION
- NEED FOR CONTINUING THERAPY • CHANGE OF MIND • SUICIDE

**OTHER:** SMOKING-SECOND HAND • INTERNET • FUTURE KNOWLEDGE DIFFERENT

OTHER ISSUES: \_\_\_\_\_

These issues were discussed with me by Dr. Hudson: \_\_\_\_\_ (patient initials) \_\_\_\_\_ (witness initials)

Date: