

CAP LESESNE MD

Thank you for your interest in breast surgery with Dr. Cap Lesesne. We have extensive experience in breast augmentations, lifts, reductions, modifications and reconstructions. Please complete the following questions before you come in for your consultation.

Name: _____

Date of Birth: _____

Medicines: _____

Previous operations (other than breast) _____

Height: _____ Weight: _____

Age when menses began: _____

Year menses stopped: _____

Date of last mammogram: _____

What did it show? _____
(Please get a written copy of the last report)

Family history of Breast? _____

History of Diabetes? _____

History of any autoimmune diseases, Lupus, rheumatoid arthritis?

History of any breast lumps? _____

History of any previous breast surgery including biopsies? _____

History of any discharges from your nipple? _____

Any pregnancies? _____ How many? _____

What is the age of youngest child? _____

Any infections or irritations under the breasts? _____

Any lumps in your armpits (axilla)? _____

Is your weight within 15 pounds of weight 5 years ago? _____

What size bras have you worn during the past years? _____

What brand (sizes differ brand to brand) _____

Do your shoulders hurt? _____

What sports do you do on a regular basis? _____

Do you do competitive sports, professional dancing (ie ballet, musicals)? _____

Would you like your breasts higher in relationship to your rib cage? _____

What cup size would you like to be? _____

Would you like your nipples pointing straight ahead or slightly to the sides? _____

Would you like any fat on the sides of your breasts removed to make the breast more conical?

Would you like some additional procedures to contour the rest of your body should any breast surgery be done? _____

Thank you for taking the time to answer these questions.