

# 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.

