

Laurence Kirwan M.D., F.R.C.S
Plastic Surgeon

Breast Augmentation Questionnaire

The following information is requested by Dr. Kirwan so he can better serve you during your consultation.

Please complete and return to our office at your earliest convenience.

Name _____ Date: mm _____ dd _____ 200 _____

1. Height _____ inches Weight _____ pounds
2. Frame size: Small _____ Medium _____ Large _____
3. How many pregnancies? _____
4. Did you breastfeed? Yes _____ No _____ For how long? _____
5. What was your largest breast cup size when pregnant or breastfeeding? _____
6. What was your breast cup size prior to pregnancy? _____
7. What is your breast cup size now? _____
8. What is your desired breast cup size? _____
9. Have you ever had breast biopsies? Yes _____ No _____
If yes, provide date? _____
10. History of breast disease? Yes _____ No _____ Explain _____

11. Any family history of breast disease? Yes _____ No _____
If yes, please note who: Mother _____ Grandmother _____ Aunt _____
12. Have you ever had a mammogram? Yes _____ No _____
If yes, provide date? _____
Interpretation? Normal _____ Other _____

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13. Past Medical History, High Blood pressure, Heart Disease, Diabetes, Other please specify

14. Allergies: medications, tape please specify _____

15. Medications you are taking? please specify:

Medications	dose	times per day

16. Please list any operations you have had in the past:

Date	Operation	Surgeon

***If you will not be seeing Dr. Kirwan until shortly before surgery, please send photographs of your breasts for his review. Photographs should be taken against a plain background, a front view with arms down at sides and 2 oblique views of each side at a 45 degree angle with arms placed behind back, elbows straight.**