

Thank you for choosing Virginia Mason Plastic and Reconstructive Surgery. If you and your surgeon agree that a breast reduction is an appropriate care path for you, our care team will work with your insurance company to seek preauthorization for surgery.

At the time of your initial consultation, please bring any available medical records from any providers that you have seen in regard to this issue; this may include dermatologists or primary care providers. This information is very helpful in working with your insurance company to determine eligibility. If you are unable to collect the medical records, please ask those providers to fax the records to our office at (206) 625-7259.

Do you have neck pain? If yes, would you rate it as : MILD MODERATE SEVERE If yes, how long have you experienced this pain? _____ months/years	Yes	No
Do you have back pain? If yes, would you rate it as : MILD MODERATE SEVERE If yes, how long have you experienced this pain? _____ months/years	Yes	No
Do you have shoulder pain? If yes, would you rate it as : MILD MODERATE SEVERE If yes, how long have you experienced this pain? _____ months/years	Yes	No
Have you discussed your neck, back and/or shoulder pain with your primary care provider? <i>If yes, please provide his/her name, address and telephone number.</i>	Yes	No
Have you seen a chiropractor, massage therapist, physical therapist or acupuncturist for your neck, back and/or shoulder pain? <i>If yes, please provide his/her name, address and telephone number.</i>	Yes	No
Have you ever used wide strapped supportive bras in attempts to alleviate your pain? What size bra do you wear?	Yes	No
Do you experience numbness or tingling in your hand(s) or wrist(s)?	Yes	No
Do you have a family history of breast cancer?	Yes	No
Have you tried prescription or over the counter pain relievers such as aspirin, ibuprofen, naproxen or acetaminophen in attempts to alleviate your pain? <i>Name of prescription pain relievers tried:</i> <i>Name of over the counter pain relievers tried:</i>	Yes	No
Do you experience rashes or red, irritated skin under your breasts where the skin of your breasts are in contact the chest wall? Have you used prescription topical treatments to treat the irritated areas? Have you seen a Dermatologist or your primary care provider about the irritated skin? <i>If yes, please provide his/her name, address and telephone number.</i>	Yes	No
Please provide us with the date of your last mammogram.	Date:	