

# GYNECOMASTIA WORKSHEET

## PATIENT DATA

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Age: \_\_\_\_\_ Height: \_\_\_\_\_ Current Weight: \_\_\_\_\_ Goal Weight: \_\_\_\_\_

Weight Fluctuations: \_\_\_\_\_

Marital Status (Single/Married/Etc)? \_\_\_\_\_

When did you go through puberty? \_\_\_\_\_

When did you first notice enlargement of your breasts? \_\_\_\_\_

What there a known cause for the enlargement? \_\_\_\_\_

## SYMPTOMS – check all that apply

- |                                       |  |   |
|---------------------------------------|--|---|
| <input type="checkbox"/> Breast pain  | <input type="checkbox"/> Difficulty with clothing            | <input type="checkbox"/> Nipple bleeding            |
| <input type="checkbox"/> Breast lump  | <input type="checkbox"/> Difficulty with posture (slouching) | <input type="checkbox"/> Nipple discharge           |
| <input type="checkbox"/> Armpit lump  | <input type="checkbox"/> Difficulty with exercising          | <input type="checkbox"/> Breast tenderness to touch |
| <input type="checkbox"/> Other: _____ |  |   |

## RISK FACTORS – check all that apply

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Mumps                                  | <input type="checkbox"/> Testicular trauma, injury                               | <input type="checkbox"/> Born with small or absent testicles |
| <input type="checkbox"/> Testicular tumour                      | <input type="checkbox"/> Testicular infection (viral orchitis)                   | <input type="checkbox"/> Sexual dysfunction or infertility   |
| <input type="checkbox"/> Liver disease                          | <input type="checkbox"/> Kidney disease  | <input type="checkbox"/> Thyroid disease (hyperthyroidism)   |
| <input type="checkbox"/> Pituitary tumour                       | <input type="checkbox"/> Cancer (circle): lung, stomach, kidney, liver, prostate |  |
| <input type="checkbox"/> Severe malnutrition                    | <input type="checkbox"/> Klinefelter syndrome                                    |  |
| <input type="checkbox"/> Family member with gynecomastia: _____ |  |  |
| <input type="checkbox"/> Anabolic steroid or hormone use: _____ |  |  |
| <input type="checkbox"/> Drug use, including marijuana: _____   |  |  |
| <input type="checkbox"/> Other: _____                           |  |  |

## MEDICATIONS – check all that apply

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> Tree tea oil | <input type="checkbox"/> Testosterone             | <input type="checkbox"/> Spironolactone                   |
| <input type="checkbox"/> Ketoconazole | <input type="checkbox"/> Finasteride              | <input type="checkbox"/> Cyproterone acetate              |
| <input type="checkbox"/> Progesterone | <input type="checkbox"/> Cimetidine               | <input type="checkbox"/> Clomiphene                       |
| <input type="checkbox"/> Methotrexate | <input type="checkbox"/> Imatinib                 | <input type="checkbox"/> Verapamil, nifedipine, diltiazem |
| <input type="checkbox"/> Digoxin      | <input type="checkbox"/> Captopril, enalapril     | <input type="checkbox"/> Amiodarone                       |
| <input type="checkbox"/> Methyldopa   | <input type="checkbox"/> Reserpine                | <input type="checkbox"/> Isoniazid                        |
| <input type="checkbox"/> Nitrates     | <input type="checkbox"/> Haloperidol              | <input type="checkbox"/> Theophylline                     |
| <input type="checkbox"/> Diazepam     | <input type="checkbox"/> Tricyclic antidepressant | <input type="checkbox"/> HIV/AIDS antiretrovirals         |
| <input type="checkbox"/> Minocycline  | <input type="checkbox"/> Metronidazole            | <input type="checkbox"/> Omeprazole                       |
| <input type="checkbox"/> Domperidone  | <input type="checkbox"/> Heparin                  | <input type="checkbox"/> Penicillamine                    |

## EXPECTATIONS:

What are your goals for your gynecomastia surgery? \_\_\_\_\_

Is there anything you wish to avoid with your gynecomastia surgery? \_\_\_\_\_

## PLEASE LIST ANYTHING ELSE YOU WOULD LIKE US TO KNOW:

\_\_\_\_\_  
\_\_\_\_\_