

CHEST FEMINIZING SURGERY WORKSHEET

Date: _____

PATIENT DATA

Legal Name: _____ Chosen Name: _____

Pronouns: _____

Height: _____ Current Weight: _____ Goal Weight: _____

Are you on hormonal therapy? _____ When was the date you started? _____

ONCOLOGIC INFORMATION

Breast Cancer? Yes (Family) (Personal) No

History of Other Cancers: _____

Prior Chest or Breast Surgeries? _____

Prior Chest or Breast Biopsies or Masses? _____

Latest Mammogram, if any? _____ Any Mammogram Abnormalities? _____

EXPECTATIONS:

Current bra size: _____

Desired bra size: _____

Are there any asymmetries between your breasts? _____

What are your goals for your chest surgery? _____

Is there anything you wish to avoid with your chest surgery? _____

PLEASE LIST ANYTHING ELSE YOU WOULD LIKE US TO KNOW:
