

MARC ALAN DRIMMER, MD, FACS

Princeton Plastic Surgery Associates

842 State Road

Princeton, NJ 08540

609-924-1026

BREAST PATIENT INFORMATION SHEET

Name: _____

Age: _____

Reason for visit: _____

Have you ever been diagnosed with any breast disease or tumor(s)? Y / N

If Yes, provide details: _____

Mammogram Y / N?

Date of most recent Mammogram: _____

Result: _____

Where was the Mammogram performed: _____

Previous breast surgery Y / N?

Type: _____

Date: _____

Result: _____

Do you take birth control pills Y / N?

If yes, what kind? _____

Is there a history of breast disease in your family? Y / N

Mother _____

Grandmother _____

Aunt _____

Cousin _____

Sister _____

Pregnancy history:

Number of pregnancies: _____

Number of children: _____

Did your breasts change post pregnancy? Y / N

Describe changes: _____

Did you breast feed? Y / N

Any additional information about your visit that you would like to provide: