Breast Implant Health Check

Dr. Dilip Gahankari
M.Ch. FRCS FRACS
Plastic, Reconstructive, Cosmetic & Hand Surgeon

PRE-CONSULTATION INFORMATION

Name _____ Date of birth _____

Email _____ Phone _____

General Practitioner _____

Previous Breast Surgery Surgeon _____

Location _____ Date _____

Augmentation	☐	Removal and replacement implants	☐
Augmentation with breast lift (mastopexy)	☐	Breast reconstruction following breast cancer	☐

Any previous breast check since your intial surgery? Yes ☐ No ☐ If yes, when? _____

Implant Details (if known) Silicone ☐ Saline ☐ Shape Round ☐ Teardrop (anatomical) ☐

Brand _____ Size/Volume (mls/cc/gms) _____

Projection Low ☐ Medium ☐ High ☐ Extra high ☐

Surface Smooth ☐ Textured ☐ Polyurethane (Brazilian, furry) ☐

Scars (Please tick all that apply)

Breast fold (IMF)	☐	Lollipop	☐	Underarm	☐
Around nipple	☐	Anchor shape	☐		

Any previous tests/investigations? Yes ☐ No ☐ If yes, when? _____

Any available results _____

Ultrasound	☐	MRI	☐	Fine Needle Aspiration (FNA) Biopsy	☐
Mammogram	☐	Pathology	☐		

Symptoms you may be experiencing (Please tick all that apply)

Pain	☐	Redness	☐	Temperature	☐	Poor scarring	☐
Swelling	☐	Distortion	☐	Firmess	☐	Changes to nipple	☐
Lumps	☐	Rippling	☐	Discharge	☐	Asymmetry	☐

Any other _____

Any contraception? Yes ☐ No ☐ Any chance you may be pregnant? Yes ☐ No ☐

Any family history of breast cancer? Yes ☐ No ☐

Reason for your request to see Dr Dilip

Routine check	☐	Considering removal of implants	☐
Experiencing any symptoms as above	☐	Considering removal & replacement	☐

How soon would you like to see Dr Dilip? _____

▼ Below signature field is to be signed and completed in office when attending your appointment

Patient/ Guardian Signature _____ Date _____