

Questionnaire For Gynecomastia

Date: _____

Name: _____ **DOB:** _____

All answers to your questions are strictly confidential

How long have you had an enlarged chest?

Has your chest size changed over the years?

Have you ever take anabolic steroids or have/had heavy cannabis (marijuana) use?

Do you take off your shirt in public?

- At the beach----- yes/no
- At the gym----- yes/no
- At the swimming pool----- yes/no
- In private (with your sexual partner)---yes/no
- If no, why not?

Are you uncomfortable wearing tight fitting shirts?

Does your father or brother have the same condition?

Have you discussed your condition with your family, friends, or significant other?

Do you have any psychological concerns about your condition?

Have you had previous gynecomastia surgery? When?

Have you undergone any lab testing for a cause for your gynecomastia?

Have you ever experienced any breast pain or nipple discharge?

Have you or anyone from your family had a bleeding problem?

- Have you had your wisdom teeth removed-----yes/no
- If yes, did you have any bleeding issues?
- Have you had your tonsils removed-----yes/no
- If yes, did you have any bleeding issues?

Is there any additional information that you would like to share with me?

14. What are your goals regarding this surgery?