

**RUCKER MD**  
**Plastic Surgery Clinic of Eau Claire**  
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**3221 Stein Blvd., Eau Claire, WI 54701**

BREAST REDUCTION QUESTIONNAIRE

PATIENT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Most insurance companies are requesting 3-6 months of documented conservative therapy for symptoms associated with large breasts before they will authorize surgery. This questionnaire is to help us to provide that information to your insurance company.

Please provide the following:

- Letter and/or clinical notes from Primary Care Physician explaining conservative measures that have been tried and failed; noting that symptoms are due to large/heavy breasts.
- Letter and/or clinical notes from Chiropractor, Physical Therapist and/or Massage Therapist explaining conservative measures.
- If you are over 40: Results of most current mammogram (must be within the last year).

**If you have the following symptoms, please indicate with a check mark:**

Bra strap irritation	_____	Chest wall heaviness	_____
Shoulder pain	_____	Upper back pain	_____
Lower back pain	_____	Neck strain	_____
Shoulder strap grooving	_____	Rashes beneath the breasts	_____
Hand Tingling or numbness	_____	Impediment of activities	_____

Primary Care Physician:

\_\_\_\_\_

Address

\_\_\_\_\_

Approximate dates of length and treatment, method of treatment

Chiropractor:

\_\_\_\_\_

Address

\_\_\_\_\_

Approximate dates and length of treatment, method of treatment

Physical Therapy:

\_\_\_\_\_

Address

\_\_\_\_\_

Approximate dates and length of treatment, method of treatment

Medications Tried: \_\_\_\_\_