Second to Nature
After Breast Surgery Fashions

Patient Intake Form **Date:** _____

Patient Name: _____ **DOB:** _____

Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Home Phone: _____ **Cell Phone:** _____ **Work:** _____

Email: _____ **Occupation:** _____

Emergency Contact: _____ **Phone:** _____

Relationship: _____

First Fitting: Y/N _____ **Date of Surgery:** _____ **Surgeon:**_____

Surgery Side: R/L/B _____ **Mastectomy:** _____ **Lumpectomy:** _____ **Lymphedema**: _____

Other: _____ **Prescription Y/N** _____ **Height:** _____ **Weight:** _____

Allergies to fabrics or other materials: _____

Current Medications: _____

Current Oncologist/Physician: _____ **Lymphedema Therapist** _____

Group: _____ **Phone:** _____ **Fax:** _____

Signature: _____ **Date:** _____

Fitting Expectations- Please check all items that you want to be addressed in the appointment:

Improve Body Image: _____ **Improve Posture**: _____ **Prevent/Improve Shoulder Roll:** _____ **Balance/Symmetry:** ____

Properly Measured: _____ **Pre-Surgery Consult:** _____ **Post Surgery Garments:** _____ **Comfort in Bras:** _____

Prostheses: _____ **Reconstruction Prostheses:** _____ **Compression Garments:** _____ **Specific Need:** _____

How did you hear about us? Please check all that apply.

Newspaper Ad _____ **Name:** _____ **Phonebook** _____ **Website:** _____

Dr. Office _____ **Name:** _____ **Friend/Family:** _____

Second to Nature will file with your insurance and copies of your insurance cards will remain in your file.

Office use: Insurance: _____ ID # _____

Secondary Insurance: _____ ID # _____

HIPPA Form Attached: Y/N _____ Notes: _____

Updated 02/2018