**INFORMATION TO ACCOMPANY AN INDIVIDUAL FUNDING REQUEST (IFR) FOR**

 **BREAST REDUCTION**

**The NHS does not routinely commission plastic surgery for cosmetic reasons, an NHS referral is inappropriate if the patient falls within the normal morphological range.**

### PATIENT DETAILS

|  |  |
| --- | --- |
| **NAME** |  |
| **DATE OF BIRTH** |  | **NHS NUMBER** |  |
| **ADDRESS** |  |
| **REFERRING GP (please print name and stamp practice address)** |  |

### ADDITIONAL INFORMATION

**\*\*Failure to complete this questionnaire in full may delay the IFR Panel’s decision\*\***

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **WEIGHT** | HEIGHT | BMI(taken within the last 6months) | CHEST SIZE | CUP SIZE |
|  |  |  |  |  |

Do you consider your patient to be overweight? YES [ ] / NO [ ]

#### Do you consider your patient’s breast size to be in proportion to her body? YES [ ] / NO [ ]

Has your patient had a professional bra measurement? YES [ ] / NO [ ]

Does your patient complain of any functional problems attributable to her breast size? YES [ ] / NO [ ]

Has your patient been referred to physiotherapy? YES [ ] / NO [ ]

If so, please include a copy of any reports.

Have any other treatments been tried or considered? YES [ ] / NO [ ]

|  |
| --- |
| If YES please provide more details: |

GP Signature ………………………………………… Date ………………………………..