


Phone Call Reorders – Complete A, D  
 In Person Reorders – Complete A, C, D  
 Fittings – Complete A, B, C, D



**Consultation, Evaluation, Goals and Expectations, Follow-Up**  
**Mastectomy**

**A. Customer Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Existing Customer** \_\_\_ **New Customer** \_\_\_ **In Person** \_\_\_ **Phone Call** \_\_\_ **Surgery Date:** \_\_\_\_\_  
**Plan of care Action:**     Measurement     Fitting     Delivery     Reorder  
**Diagnosis/RX/Physician Goals:** \_\_\_\_\_  
**Special Needs or Concerns:** \_\_\_\_\_  
**Height:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Dr.** \_\_\_\_\_ **Face to Face:** Y N    **RX:** Y N  
**Verbal RX:** Y N    **Pt. Requested** \_\_\_\_\_ **Person Spoke with:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**B. Bra Measurements:** Bandeau \_\_\_\_\_ + 5 \_\_\_\_\_    Sternum to Spine \_\_\_\_\_ x 2 \_\_\_\_\_    Diff. \_\_\_\_\_  
**Lumpectomy:** Y N    **Mastectomy:** Y N    **Side:** R L Bilateral    **Chemo/Radiation** \_\_\_\_\_  
**Area/s of Concern:** \_\_\_\_\_  
**Evaluation for Products Needed:** \_\_\_\_\_  
 \_\_\_\_\_



**C. Goals Met Based on Customer Needs: (Please check all that apply)**

Proper Bra Fit     Reduce shoulder/neck pain     Equalize/balance weight on chest wall     Restore Dignity  
 Enhance Self-esteem     Control edema/lymphedema     Relieve leg heaviness and fatigue  
 Promote Healing     Address cosmetic issues     Promote more active, healthy lifestyle

**Expectations Met and Provided to Customer: (Please check all that apply)**

Verbal & Written Education     Product Demonstration     Warranty and Return Policy  
 Product Use and Care     Lymphedema Prevention Tips     Exercises & Self-Massage Techniques  
 Fit and Function     Areas of Concern Addressed     Change in Body or Medical Necessity Explained

**List any additional Customer/Fitter/Physician expectations:** \_\_\_\_\_

**D: Outcome:**

**Will return on:** \_\_\_\_\_ **or in** \_\_\_\_\_ **days/weeks/months for**     Fitting     Products     Follow Up  
**Additional Needs Based on Visit/Call:** \_\_\_\_\_  
 \_\_\_\_\_  
**Products taken by customer:** \_\_\_\_\_  
**Products ordered for customer:** \_\_\_\_\_  
 \_\_\_\_\_  
**WHB Fitter:** \_\_\_\_\_ **Credentials** \_\_\_\_\_  
**Co Signer:** \_\_\_\_\_ **Credentials** \_\_\_\_\_  
If no credentials, Co Signer required