Kai Morimoto M.D.
PLASTIC SURGEON

Breast Implant Illness Signs and Symptoms

Name:_____ Date:_____

We would like to follow your symptoms before and after Explant (ENBLOC) surgery. Please check all the symptoms that you are CURRENTLY experiencing:

Before Explant	After Explant	
☐	☐	Fatigue or chronic fatigue
☐	☐	Cognitive dysfunction (brain fog, difficulty concentrating, word retrieval, memory loss)
☐	☐	Muscle aches, joint pain, and/or weakness
☐	☐	Hair loss
☐	☐	Dry skin, eyes, mouth, hair
☐	☐	Weight gain or weight loss
☐	☐	Easy bruising and slow healing of wounds
☐	☐	Temperature intolerance
☐	☐	Low libido
☐	☐	Ringing in the ears
☐	☐	Heart palpitations
☐	☐	Shortness of breath
☐	☐	Metallic taste in the mouth
☐	☐	Oral thrush (white tongue)
☐	☐	Night sweats
☐	☐	Skin rashes
☐	☐	Insomnia
☐	☐	Estrogen/progesterone imbalance, diminishing hormones, or early menopause
☐	☐	Swollen and tender lymph nodes in the breast area, underarms, throat, neck, or groin
☐	☐	Tingling or numbness in the arms and legs
☐	☐	Burning pain around the chest wall or breasts
☐	☐	Cold and discolored hands and feet
☐	☐	Muscle twitching
☐	☐	Vertigo
☐	☐	Fevers
☐	☐	Dehydration
☐	☐	Frequent urination
☐	☐	Chronic neck and back pain
☐	☐	Photosensitivity
☐	☐	Nail changes (cracking, splitting, slow growth, etc.)
☐	☐	Skin freckling, pigmentation changes or an increase in papules (flesh colored raised bumps)
☐	☐	Edema (swelling) around eyes
☐	☐	Premature aging
☐	☐	Decline in vision or vision disturbances
☐	☐	Slow muscle recovery after activity
☐	☐	Liver and kidney dysfunction
☐	☐	Gastrointestinal and digestive issues
☐	☐	Sudden food intolerances and allergies
☐	☐	Unexplained nausea/vomiting
☐	☐	Smell or chemical sensitivities
☐	☐	New or persistent infections – viral, bacterial, and/or fungal (candida)
☐	☐	Reoccurring sinus, yeast, and UTI infections
☐	☐	Throat clearing, cough, difficult swallowing, and choking feeling
☐	☐	Chronic inflammation
☐	☐	Headaches, dizziness, and migraines
☐	☐	Mood swings, emotional instability
☐	☐	Depression, Anxiety, panic attacks

Other, please list: _____