

## BREAST THERMOGRAPHY CONFIDENTIAL QUESTIONNAIRE

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

**Yes**    **No**

- Any close relative who has had breast cancer?
- Ever been diagnosed with breast cancer?
- Ever been diagnosed with any other breast disease?
- Ever had any biopsies or surgeries to breasts?
- Ever had any breast cosmetic surgery or implants?
- Had a mammogram in the past 12 months?
- Had a mammogram in the past 5 years?
- Any abnormal results from any breast testing?
- Ever taken a contraceptive pill for more than 1 year?
- Ever suffered with cancer of the womb?
- Ever had hormone replacement therapy?
- Have an annual physical examination by a doctor?
- Perform a monthly breast self-exam?

Total mammograms? \_\_\_\_\_ Age at first mammogram? \_\_\_\_\_

Number of children given birth to? \_\_\_\_\_ Age at birth of first child \_\_\_\_\_

Did your periods start before the age of 12? \_\_\_\_\_ Or finish after the age of 50? \_\_\_\_\_

Do you smoke?     Yes     Never     Not in last 12 months     Not in last 5 years

**Recently had any of these breast symptoms:**

**Right Breast**

**Left Breast**

Pain?

Tenderness?

Lumps?

Change in breast size?

Areas of skin thickening or dimpling?

Secretions of the nipple?

### Patient Disclosure

I understand that the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. I further understand that the Report is not intended to be used by individuals for self-evaluation or self-diagnosis. I understand that the Report will not tell me whether I have any illness, disease, or other condition but will be an analysis of the Images with respect only to the thermographic findings discussed in the Report. By signing below, I certify that I have read and understand the statements above and consent to the examination

Signature \_\_\_\_\_ Today's Date \_\_\_\_\_