



Confidential Questionnaire

Breast Study

Name _____ Birth Date _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone Number Home _____ Cellular _____ Work _____

E-Mail Address _____

Referring Physician _____

Is there a specific reason or concern for this exam?

Yes	No
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1. Have you recently had any of these breast symptoms? (Mark only if "yes")

___ ___

	LT	RT
Pain/Tenderness	___	___
Lumps	___	___
Change in breast size	___	___
Areas of skin changes thickening or dimpling	___	___
Excretions or changes of the nipple	___	___

2. Are any of the above symptoms cycle related?

___ ___

3. Are you still having your periods?

___ ___

4. Have you had a surgical hysterectomy?

___ ___

If yes, date _____ Complete ___ Partial ___

Reason for hysterectomy?

- Excess bleeding
 Endometriosis
 Fibroid cysts
 Cancer
 Other

Yes	No
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5. Has anyone in your family ever been treated for breast cancer? _____

If yes, note age and survival Mother Grandmother Sister Daughter

Age diagnosed _____ Result of Treatment _____

6. Have you ever been diagnosed with breast cancer? _____

If yes, date: _Month _____ Year _____

Cancer type Local Metastatic Lymph node involvement

Left breast Inner Outer Nipple

Right breast Inner Outer Nipple

Treatment Surgery Chemo Radiation None

7. Have you ever been diagnosed with any other breast disease? _____

If yes, Cysts/fibrocystic Fibro Adenoma Mastitis/inflammatory breast disease

8. Have you had any cosmetic breast surgery or implants? _____

If yes, date _____ Silicone Saline

Experience: Problems No problems

9. Have you ever had any biopsies or any other surgeries to your breasts _____

If yes, date _____

Left breast Inner Outer Nipple

Right breast Inner Outer Nipple

Results Negative Positive Calcifications

10. Have you ever taken contraceptive pills for more than one year? _____

If yes, Currently Less than 5 years More than 5 years

11. Have you had pharmaceutical hormone replacement therapy (HRT)? _____

If yes, Currently Less than 5 years More than 5 years

12. Do you have an annual physical examination by a doctor? _____

13. Do you perform a monthly breast self exam? _____

14. Have you ever smoked? _____

Yes	No
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15. Have you ever been diagnosed with diabetes? ___ ___
16. Total mammograms_____
17. Date of last mammogram _____ Were you re-called? ___ ___
18. Your age at your first mammogram? _____
19. Number of full term pregnancies? _____
20. Have you had breast ultrasound? ___ ___
 If yes...Date: ___/___/___ Left ___ Right ___ Results: Negative ___ Positive ___
21. Have you had breast MRI? ___ ___
 If yes...Date: ___/___/___ Left ___ Right ___ Results: Negative ___ Positive ___

Do you have any special concerns or are there any details related to the information above?

Procedure: You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings. Your thermal imaging baseline reports will provide information about current and future conditions only and does not diagnose breast disease. Thermal imaging should be correlated with other medical investigative methods to better direct definitive testing for diagnosis and treatment. It does not replace any other breast examination.

Client Disclosure: I understand that the report generated from my images is intended for use by a trained health care provider to assist in evaluation and treatment. I further understand that the report is not intended to be used by myself for self-evaluation or self-diagnosis. I understand that the report will not tell me whether, I have any illness, diseases, or other conditions, 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 statement above and consent to the examination.

Client Signature _____ Today's Date _____

**Study Breast Thermography
Client Disclosure**

Breast thermography is a non-contact, private and non-invasive procedure. The value of thermography as a study tool is its ability to measure skin temperature changes. **It offers women information that no other procedure can provide regarding breast health.**

Breast thermography is not a replacement for or alternative to mammography or any other form of breast imaging. Breast thermography, mammography or breast ultrasounds are complementary procedures; one **test does not replace the other.** Breast thermography is meant to be used in addition to other tests or procedures.

Thermography captures and records temperature variations on the skin, which provides vital information directly influenced by complex metabolic and vascular activity. This information **does not in any way suggest diagnosis and/or treatment.** Studies show that the patient benefits when multiple tests are used together. This multimodal approach includes breast self-examinations, physical breast exams by a doctor, mammography, ultrasound, MRI, thermography, and other tests that may be ordered by your doctor.

*A reported “**Thermographically Suspicious**” finding does **NOT** indicate that it is suspicious for **ANY specific disease.*** However, any suspicious finding will be accompanied with a strong and intentional recommendation for further clinical evaluation. If you detect a lump or any other change in your breast before your next thermogram study, consult your doctor immediately.

Notice to clients presenting with previously diagnosed cancer: Thermography interpretation in your report **does not include information or recommendations related to the measured changes of disease beyond skin temperature changes and patterns.** As there is no single known test capable of monitoring all biological influences of the complex disease generally diagnosed as cancer, **continued monitoring with available additional testing as recommended by your personal physician is strongly advised.**

Your Thermographer is not a licensed medical professional. **Your Thermographer cannot interpret your images or advise or prescribe to you based on your images.** Your thermographer can ask health history questions as well as educate you on general breast health.

By Signing below, I certify that I have read and understand the statement above and consent to the examination. I am not an undercover agent or acting on behalf of law enforcement.

Client Signature _____ Today's Date _____