

Breast Thermography Confidential Questionnaire

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

Patient ID: _____		# Previous: _____
Tech use only	THERM: Base1 Base2 Annual Comp FULL UPPER LOW BR ROI	

Today's Date: _____ First scan? Y N

Name: _____ Date of Birth: _____
First Middle Initial Last

Address: _____
Street address Unit # City State Zip Code

Home Phone: _____ Cell Phone: _____ Call Preference: Home / Cell

Email: _____

Referring Physician: _____ Primary Physician: _____

Yes No

- ☐ ☐ Do you have any close relative who has had breast cancer? Relation: ☐ Paternal ☐ Maternal ☐ Mother ☐ Grandmother ☐ Aunt ☐ Other
- ☐ ☐ Have you ever been diagnosed with breast cancer? ☐ Cystic ☐ Abscess
- ☐ ☐ Have you ever been diagnosed with any other breast disease? Disease type: ☐ Fibrocystic ☐ Mastitis
- ☐ ☐ Have you had any biopsies or surgeries to your breasts? (see other side)
- ☐ ☐ Have you had any breast cosmetic surgery or implants? (see other side)
- ☐ ☐ Have you had a mammogram in the past 12 months?
- ☐ ☐ Have you had a mammogram in the past 5 years?
- ☐ ☐ Have you had abnormal results from any breast testing?
- ☐ ☐ Have you ever taken a contraceptive pill for more than 1 year? (How long? _____)
- ☐ ☐ Have you suffered with cancer of the womb?
- ☐ ☐ Have you had pharmaceutical hormone replacement therapy? (How long? _____)
- ☐ ☐ Do you have an annual physical examination by a doctor?
- ☐ ☐ Do you perform a monthly breast self exam?

How many mammograms have you had in total? _____ Age at first mammogram? _____

How many births have you had? _____ Your 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

Have you had a vaccination in past 4 weeks? ☐ No ☐ Yes Which arm?: ☐ Left arm ☐ Right Arm

Have you recently had any of these breast symptoms:

- | | | | | | |
|------------|---------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|--------------------------------------|
| Pain | ☐ Right breast | ☐ Left breast | Change in breast size | ☐ Right breast | ☐ Left breast |
| Tenderness | ☐ Right breast | ☐ Left breast | Areas of skin thickening or dimpling | ☐ Right breast | ☐ Left breast |
| Lumps | ☐ Right breast | ☐ Left breast | Secretions of the nipple | ☐ Right breast | ☐ Left breast |

If diagnosed with breast cancer: Cancer type: ☐ Metastatic ☐ Local ☐ Lymph node involvement

When diagnosed: Month _____ Year _____

Where (left breast): ☐ UO ☐ UI ☐ LO ☐ LI ☐ Nipple

Where (right breast): ☐ UO ☐ UI ☐ LO ☐ LI ☐ Nipple

Treatment: ☐ Surgery ☐ Chemo ☐ Radiation ☐ Other _____ ☐ None

Diagnosed with other breast disease:

Disease type: ☐ Fibrocystic ☐ Cystic ☐ Mastitis ☐ Abscess ☐ Other

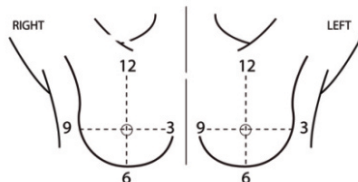
Breast biopsies or surgery:

RIGHT breast: ☐ UO ☐ UI ☐ LO ☐ LI ☐ Nipple

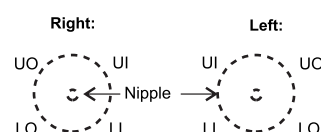
LEFT breast: ☐ UO ☐ UI ☐ LO ☐ LI ☐ Nipple

Skin lesions / scarring:

(please illustrate)



LEGEND:



UO = upper outer

LO = lower outer

UI = upper inner

LI = lower inner