

# 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 |
|-----|----|

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? If yes: Date of last period \_\_\_\_\_ \_\_\_ \_\_\_

4. Have you had a surgical hysterectomy? \_\_\_ \_\_\_

If yes, date \_\_\_\_\_ Complete \_\_\_ Partial \_\_\_

Reason for hysterectomy?

Excess bleeding  
  Endometriosis  
  Fibroid cysts  
  Cancer  
  Other

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

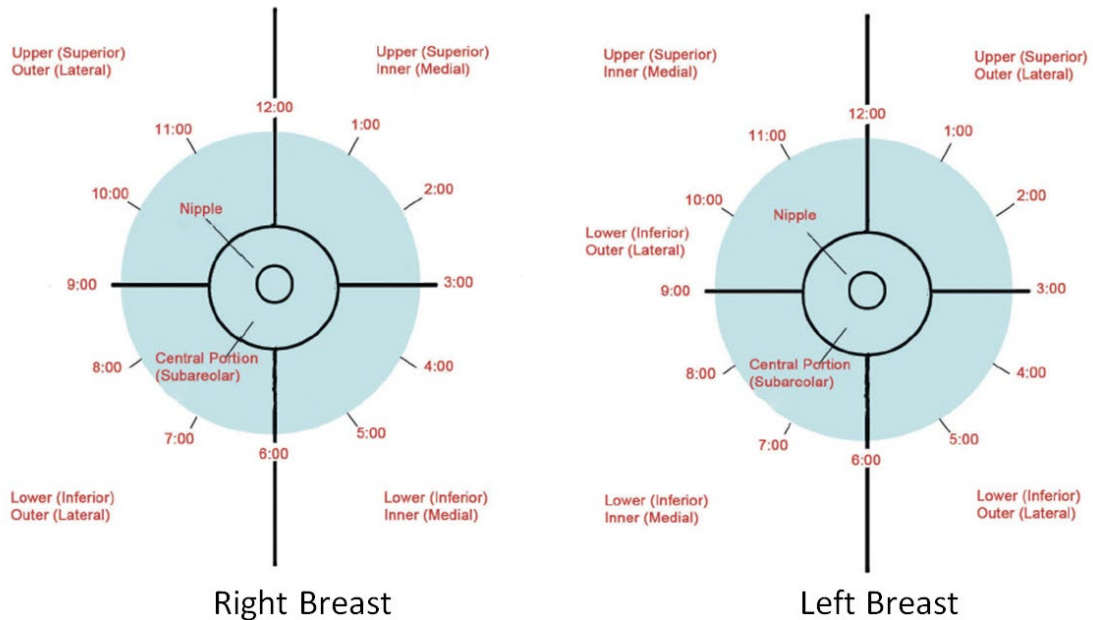
Treatment    
 Surgery    
 Chemo    
 Radiation    
 None

If Surgery;    
 Mastectomy    
 Lumpectomy

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  Reduction
- 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

**Mark on the following graph to indicate location of pain, surgery or lumps:**

## Clock and Quadrants of the Breast



| Yes | No |
|-----|----|
|-----|----|

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?
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?

## 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 men and 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 "Elevated Level of Concern" 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 may not be 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 \_\_\_\_\_