

Please complete the following questionnaire and bring it with you to your appointment.

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

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Doctor: \_\_\_\_\_

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.

## Breast Thermography Confidential Questionnaire

- |   | Yes | No |
|---|-----|----|
| 1. Do you have any close relative who has had breast cancer?                                | ☐   | ☐  |
| 2. Have you ever been diagnosed with breast cancer?   | ☐   | ☐  |
| 3. Have you ever been diagnosed with any other breast disease (fibrocystic)?                | ☐   | ☐  |
| 4. Have you had any biopsies or surgeries to your breasts?                                  | ☐   | ☐  |
| 5. Have you had any breast cosmetic surgery or implants?                                    | ☐   | ☐  |
| 6. Have you had a mammogram in the past 12 months?  | ☐   | ☐  |
| 7. Have you had a mammogram in the past 5 years?  | ☐   | ☐  |
| 8. Have you had abnormal results from any breast testing?                                   | ☐   | ☐  |
| 9. Have you ever taken a contraceptive pill for more than 1 year?                           | ☐   | ☐  |
| 10. Have you suffered with cancer of the womb?  | ☐   | ☐  |
| 11. Have you had pharmaceutical hormone replacement therapy?                                | ☐   | ☐  |
| 12. Do you have an annual physical examination by a doctor?                                 | ☐   | ☐  |
| 13. Do you perform a monthly breast self exam?  | ☐   | ☐  |
| 14. How many mammograms have you had in total? _____  |     |    |
| 15. What was your age when you had your first mammogram? _____                              |     |    |
| 16. How many births have you had? _____ Your age at birth of first child: _____             |     |    |
| 17. Did your periods start before the age of 12? _____ Or finish after the age of 50? _____ |     |    |
| 18. Do you smoke? Yes: ☐ Never: ☐ Not in last 12 months: ☐ Not in last 5 years: ☐           |     |    |

Have you 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 \_\_\_\_\_