Name _____ Date of Birth ____/____/_____

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? | ☐ | ☐ |
| Cancer Type: ☐Metastatic ☐Local ☐Lymph node involvement | | |
| When diagnosed: Month _____ Year _____ | | |
| Where (left breast): ☐Upper Outer ☐Upper Inner ☐Lower Outer ☐Lower Inner ☐Nipple | | |
| Where (right breast): ☐Upper Outer ☐Upper Inner ☐Lower Outer ☐Lower Inner ☐Nipple | | |
| Treatment: ☐Surgery ☐Chemo ☐Radiation ☐Other ☐None | | |
| 3. Have you ever been diagnosed with any other breast disease? | ☐ | ☐ |
| Disease type: ☐Fibrocystic ☐Cystic ☐Mastitis ☐Abscess ☐Other (please report other types of disease in the history) | | |
| 4. Have you had any biopsies or surgeries to your breasts? | ☐ | ☐ |
| Where (left breast): ☐Upper Outer ☐Upper Inner ☐Lower Outer ☐Lower Inner ☐Nipple | | |
| Where (right breast): ☐Upper Outer ☐Upper Inner ☐Lower Outer ☐Lower Inner ☐Nipple | | |
| 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

19. Have you recently had any of these breast symptoms:

Left Breast: ☐Pain ☐Tenderness ☐Lumps ☐Change in breast size
☐Areas of skin thickening or dimpling ☐Secretions of the nipple

Right 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 _____ Date_____