



# 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")

\_\_\_ \_\_\_

	<b>LT</b>	<b>RT</b>
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 \_\_\_\_\_