

Name: _____ Birth date: _____

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
Do you have any close relatives who has/have had breast cancer?	_____	_____
Have you ever been diagnosed with breast cancer?	_____	_____
Have you ever been diagnosed with any other breast disease?	_____	_____
Have you had any biopsies or surgeries to your breasts?	_____	_____
Have you had any breast cosmetic surgery or implants?	_____	_____
Have you had a mammogram in the past 12 months?	_____	_____
Have you had a mammogram in the past 5 years?	_____	_____
Have you ever had abnormal results from any breast testing?	_____	_____
Have you ever taken contraceptive pills for more than a year?	_____	_____
Have you suffered from cancer of the womb?	_____	_____
Have you had pharmaceutical hormone replacement therapy?	_____	_____
Do you have an annual physical exam from the doctor?	_____	_____
Do you perform a monthly breast self-exam?	_____	_____
Did your periods start before the age of 12?	_____	_____
Did your periods finish after the age of 50?	_____	_____

How many mammograms have you had total? _____

At what age was your first mammogram? _____

How many births have you had? _____ Your age at birth of your first child? _____

Do you smoke? YES NEVER NOT IN THE LAST 12 MONTHS NOT IN THE 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 BY USE FOR 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 CONDITIONS, BUT WILL BE AN ANALYSIS OF THE IMAGES WITH RESPECT ONLY TO THE THERMOGRAPHIC FINDINGS DISCUSSED ON THE REPORT. BY SIGNING BELOW, I CERTIFY THAT I HAVE READ AND UNDERSTAND THE STATEMENTS ABOVE AND CONSENT TO THE EXAMINATION.

SIGNATURE _____

DATE _____