Breast Health History

Name:_____Phone #:_____Date:_____

Address:_____

City:_____State:_____Zip:_____

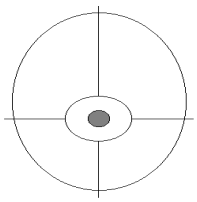
Date of Birth: _____ Age:_____ Sex:_____

Referred by:_____

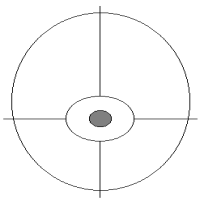
How did you hear about us? ❒ Internet ❒ Person Other _____

Reason for imaging today: _____

Place an "x" on the diagram in the area of your concern:



Right Breast



Left Breast

Office Use Only

Date of last physical breast exam by doctor _____

Results: _____

_____

Date of last mammogram _____

Results: _____

Dates of Ultrasound, MRI, biopsy or other tests on Breasts _____

Results:_____

Please check all that apply:

❒ Previous breast cancer diagnosis? Where and what type _____

❒ Breast surgery? When and what was done? _____

❒ Radiation treatment? Date last performed? _____

❒ Family history of breast cancer? Who? _____

❒ Fibrocystic or cystic breasts? ❒Other breast conditions?_____

_____

❒ Have children? How many_____ Age at first pregnancy?_____

❒ Breast feeding? How many children over 1 month? _____ Currently? ❒ Y ❒ N

❒ Pregnant? If not, current cycle day _____

❒ Menopause? What age did it begin? _____

❒ Birth control pills use? How many years? _____ Currently taking? ❒ Y ❒ N

❒ Prescription hormone replacement? How many years? _____ Currently using? ❒ Y ❒ N

❒ Progesterone cream or herbs to balance hormones? What types? _____

_____ Currently using? ❒ Y ❒ N

❒ Other medications? Please list: _____

_____

❒ Had both ovaries removed? At what age? _____

Doctor to receive copy of report, if any: Name _____

Address _____

_____ Zip _____

Phone: _____

May we send him/her your report? ❒ Y ❒ N

Additional breast questions:

Do you have any of the following visible on your breasts?

1) Bulges,

2) Indentations

3) Bruises

4) Rashes

5) Discharge (if yes, what is the color)

6) Markings such as moles

7) Thickening or change in the texture.

8) Regions of discoloration

If yes --- Where is this located, how long has it been present, has your doctor examined this finding?

Have you ever had any trauma to the breasts?

Release for Testing Procedure

Thermal Imaging provides information regarding current and future risk for breast disease and does not replace mammography or any other diagnostic procedure.

I have read the above information and understand that I am not receiving a diagnosis based on my thermal scan. I authorize this clinic's personnel to perform this and all subsequent thermal imaging examinations.

I have complied with the pre-examination instructions for proper thermal imaging

Print Name _____ **Signature** _____ **Date** _____

Please do not write in this section

❒ Initial Exam ❒ Re-Exam Tech _____

Patient T = _____ F Laboratory Temperature _____ F Additional info: _____

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