



Confidential Questionnaire

Breast Screening

Name _____ Birth Date _____ Date _____
 Address _____ City _____ State _____ Zip _____
 Home Phone _____ Cellular _____ Work Phone _____
 Email _____ Referring Physician _____

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

Is there a specific reason or concern for this breast exam?

	Yes	No
1. Have you recently had any of these breast symptoms?	<input type="radio"/>	<input type="radio"/>
	LT	RT
Pain/Tenderness	<input type="radio"/>	<input type="radio"/>
Lumps	<input type="radio"/>	<input type="radio"/>
Change in breast size	<input type="radio"/>	<input type="radio"/>
Areas of skin changes thickening or dimpling	<input type="radio"/>	<input type="radio"/>
Excretions of the nipple	<input type="radio"/>	<input type="radio"/>
	Yes	No
2. Are any of the above symptoms cycle related?	<input type="radio"/>	<input type="radio"/>
3. Are you still having periods? If yes, date of last period _____	<input type="radio"/>	<input type="radio"/>
4. Have you had a surgical hysterectomy? If yes, date <input type="radio"/> Complete <input type="radio"/> Partial Reason for hysterectomy: <input type="radio"/> Excess bleeding <input type="radio"/> Endometriosis <input type="radio"/> Fibroid cysts <input type="radio"/> Cancer <input type="radio"/> Other _____	<input type="radio"/>	<input type="radio"/>
5. Has anyone in your family ever been treated for breast cancer? If yes, <input type="radio"/> Mother <input type="radio"/> Grandmother <input type="radio"/> Sister <input type="radio"/> Daughter Age diagnosed _____ Result of Treatment _____	<input type="radio"/>	<input type="radio"/>
6. Have you ever been diagnosed with breast cancer? If yes, date Cancer type <input type="radio"/> Local <input type="radio"/> Metastatic <input type="radio"/> Lymph node involvement	<input type="radio"/>	<input type="radio"/>

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.

Patient 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.

Patient Signature _____ Today's Date _____

