

BREAST THERMOGRAPHY CONFIDENTIAL QUESTIONNAIRE

Patient Name: _____ 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.

- | | YES | NO |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| 1. Do you have any close relative who has had breast cancer? Who _____ | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Have you ever been diagnosed with breast cancer?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have you ever been diagnosed with any other breast disease? (i.e. fibrocystic) . | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you had any biopsies or surgeries to your breasts? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Have you had any breast cosmetic surgery or implants?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you had a mammogram in the past 12 months? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Have you had a mammogram in the past 5 years? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have you had abnormal results from any breast testing?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever taken a contraceptive pill for more than 1 year? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Have you suffered with cancer of the womb? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Have you had pharmaceutical hormone replacement therapy?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Do you have an annual physical examination by a doctor?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Do you perform a monthly breast self-examination? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Please estimate how many mammograms you have had total? _____ Age at 1st mammogram _____ | | |
| 15. How many births have you had? _____ Your age at birth of first child _____ | | |
| 16. Did your periods start before the age of 12? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 17. Have your periods ended after the age of 50? Yes <input type="checkbox"/> No <input type="checkbox"/> | | |
| 18. Do you currently have a regular period? Yes <input type="checkbox"/> No <input type="checkbox"/> _____ | | |
| 19. Have you had a hysterectomy? No <input type="checkbox"/> Partial <input type="checkbox"/> Complete <input type="checkbox"/> Age when you had hysterectomy? _____ | | |
| 20. Do you smoke? Yes <input type="checkbox"/> Never <input type="checkbox"/> Not in the last year <input type="checkbox"/> Not in last 5 years <input type="checkbox"/> | | |

Have you recently had any of these breast symptoms:	RIGHT BREAST	LEFT BREAST
PAIN.....	<input type="checkbox"/>	<input type="checkbox"/>
TENDERNESS.....	<input type="checkbox"/>	<input type="checkbox"/>
LUMPS.....	<input type="checkbox"/>	<input type="checkbox"/>
CHANGE IN BREAST SIZE	<input type="checkbox"/>	<input type="checkbox"/>
AREAS OF SKIN THICKENING OR DIMPLING.....	<input type="checkbox"/>	<input type="checkbox"/>
SECRETIONS OF THE NIPPLE	<input type="checkbox"/>	<input type="checkbox"/>

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 _____