Confidential Questionnaire

Breast

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
1. Have you recently had any of these breast symptoms? (mark only if "yes")	○	○

	LT	RT
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? ○ ○
   If yes, date of last period_____

4. Have you had a surgical hysterectomy? ○ ○
   If yes, date_____ ○ Complete ○ Partial
   Reason for hysterectomy?
   ○ Excess bleeding ○ Endometriosis ○ Fibroid cysts ○ Cancer ○ Other

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

	Yes	No
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?	○	○
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?

Continued>>

Screening Breast Thermography Patient Disclosure

Procedure: *You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings by a highly trained technician. 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.*

- 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.

- Breast thermography is a non-contact and non-invasive procedure. The value of thermography as a screening tool is its ability to measure skin temperature changes**. It offers women information that no other procedure can provide regarding breast health.**

- B**reast thermography <u>is not a replacement for or alternative to mammography</u> or any other form of breast imaging.** Breast thermography and mammography are complementary procedures; **<u>one test does not replace the other.</u>** 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 <u>not</u> 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 screening thermogram, consult your doctor immediately.

- ***Notice to patients 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 a highly skilled technician 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 or the media.

Patient Signature _____Today's Date_____