

Confidential Questionnaire

Name	Birth D	ate	Today's I	Date	
Address	City		State	Zip_	
Phone Number Home					
E-Mail Address Referring Physician					
Is there a specific reas	son or concern for this e	exam?			
				Yes	No
1. Have you recently had any	• •			0	0
		LT RT	I		
Pain/Tenderness		0 0			
Lumps		0 0			
Change in breast size		о о о			
Areas of skin thickening of Excretions of the nipple		0 0 0 0			
11		0 0		0	0
2. Are any of the above symp	•			_	-
3. Are you still having your p				0	0
If yes, date of last period_					
4. Have you had a surgical h	•			0	0
If yes, date		\circ Complete \circ	Partial		
Reason for hysterectomy [™] ○ Excess bleeding ○ End		α	Other		
-		-	Other	0	\circ
5. Has anyone in your family			Sista O Dav	•	0
If yes, note age and surviv Age Survival: Yes		randmouner 0	Siste \bigcirc Daug	gnter	
6. Have you ever been diagn	osed with breast cancer	?		0	0
If yes, date					
Cancer type O Lo	cal • Metastatio	c O Lymph	node involver	nent	
Left breast O In	ner Outer	• Nipple			
Right breastOInr		• Nipple			
Treatment • Surg	gery O Chemo	• Radiatio	on O	None	
7. Have you ever been diagn	osed with any other bre	ast disease?		0	0
	cystic O Mastitis/inf		disease		
8. Have you had any cosmeti	-	-		0	0
If yes, date	•••				
•	blems • No problem	8			

			Y	Ν
9. Have you ever ha	ad any biopsies or	any other surgeries to your breasts?	0	0
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	\circ Less than 5 years \circ More than 5 years		
11. Have you had pharmaceutical hormone replacement therapy (HRT)?				
If yes,	• Currently	\circ Less than 5 years \circ More than 5 years		
12. Do you have an annual physical examination by a doctor?				0
13. Do you perform a monthly breast self exam?			0	Ο
14. Have you ever smoked?				Ο
15. Have you ever been diagnosed with diabetes?				
16. Date of your last mammogram Were you re-called?			0	0
17. How many mar	nmograms have y	ou had in total?		
18. Your age at you	•			
19. Number of full	term pregnancies'	?		

- 20. Your age at birth of your first child?
- 21. Age when you started your period?_____

Do you have any special concerns or are there any details related to the information above?

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_____