Name:_____ Birthdate:_____

Address: _____City: _____Zip:_____

Email:_____Phone: _____ Doctor: _____

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 Thermography Confidential Questionnaire

	Yes	No
1. Do you have a close relative who has had breast cancer?	❑	❑
2. Have you ever been diagnosed with breast cancer?	❑	❑
3. Have you ever been diagnosed with any other breast disease (fibrocystic)?	❑	❑
4. Have you had any biopsies or surgeries to your breasts?	❑	❑
5. Have you had any breast cosmetic surgery or implants?	❑	❑
6. Have you had a mammogram in the past 12 months?	❑	❑
7. Have you had a mammogram in the past 5 years?	❑	❑
8. Have you had abnormal results from any breast testing?	❑	❑
9. Have you ever taken a contraceptive pill for more than 1 year?	❑	❑
10. Have you suffered with cancer of the womb?	❑	❑
11. Have you had pharmaceutical hormone replacement therapy?	❑	❑
12. Do you have an annual physical examination by a doctor?	❑	❑
13. Do you perform a monthly breast self-exam?	❑	❑

14. How many mammograms have you had in total? _____

15. What was your age when you had your first mammogram? _____

16. How many births have you had?_____ Your age at birth of first child? _____

17. Did your periods start before the age of 12? _____ Or finish after the age of 50?_____

18. Do you smoke? Yes ❑ Never ❑ Not in last 12 months ❑ Not in last 5 years ❑

19. Are you pregnant or nursing? Yes ❑ No ❑

(Must have stopped breastfeeding for 3 months for baseline scan.)

Have you recently had any of these breast symptoms:	Right breast	Left breast
Pain	❑	❑
Tenderness	❑	❑
Lumps	❑	❑
Change in breast size	❑	❑
Areas of skin thickening or dimpling	❑	❑
Secretions of the nipple	❑	❑

Signature _____ *Today's date* _____