Name:	Birthdate:	
Address:	City	Zip
Email:Phone:		Doctor:
All information given in the questionnaire will remain strictly reporting thermologist and any other practitioner that you spe		only be divulged to the
Breast Thermography Confidential Questionnaire		
1. Do you have any close relative who has had breast cancer? 2. Have you ever been diagnosed with breast cancer? 3. Have you had any biopsies or surgeries to your breast of the second	ncer? lisease (fibrocystic)? s? s? ng? n 1 year? therapy? tor? gram?	Yes No 1
18. Do you smoke? Yes: ق Never: Not in last 12 months: ن Not in last 5 years: ق		
Have you recently had any of these breast symptoms: Pain Tenderness Lumps Change in breast size Areas of skin thickening or dimpling Secretions of the nipple PATIENT DISCI I understand that the Report generated from my images is intended for use by treatment. I further understand that the Report is not intended to be used by it the Report will not tell me whether I have any illness, disease, or other condition thermographic findings discussed in the Report. By signing below, I certify that I have read and understand the statements about the statements and the statements are statements and the statements and the statements and the statements and the statements are statements	r trained health care provid individuals for self-evaluati tion but will be an analysis	ion or self-diagnosis. I understand that s of the Images with respect only to the
Signature	Today	's date