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 to your breasts?	❑	❑
5.	Have you had any breast cosmetic surgery, implants, or other breast surgery?	❑	❑
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.)

20. Approximate date of last mammogram ______________ Outcome __________________

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* ____________________