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Have you recently had any of these breast symptoms? Mark only if yes

Yes **No**

	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?

. Are you still having your periods? Date of last cycle: _____

. Have you had a surgical hysterectomy?

If yes, date: _____ Complete ___ Partial ___

Reason for hysterectomy:

menorrhagia oligomenorrhea amenorrhea dyspareunia uterine fibroids endometriosis adenomyosis leiomyomas hyperplasia cancer

abnormal uterine bleeding pelvic pain infertility abnormal Pap smears abnormal mammograms

other: _____ unknown 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	Left Nipple	
Right breast	Inner	Outer	Right 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: _____

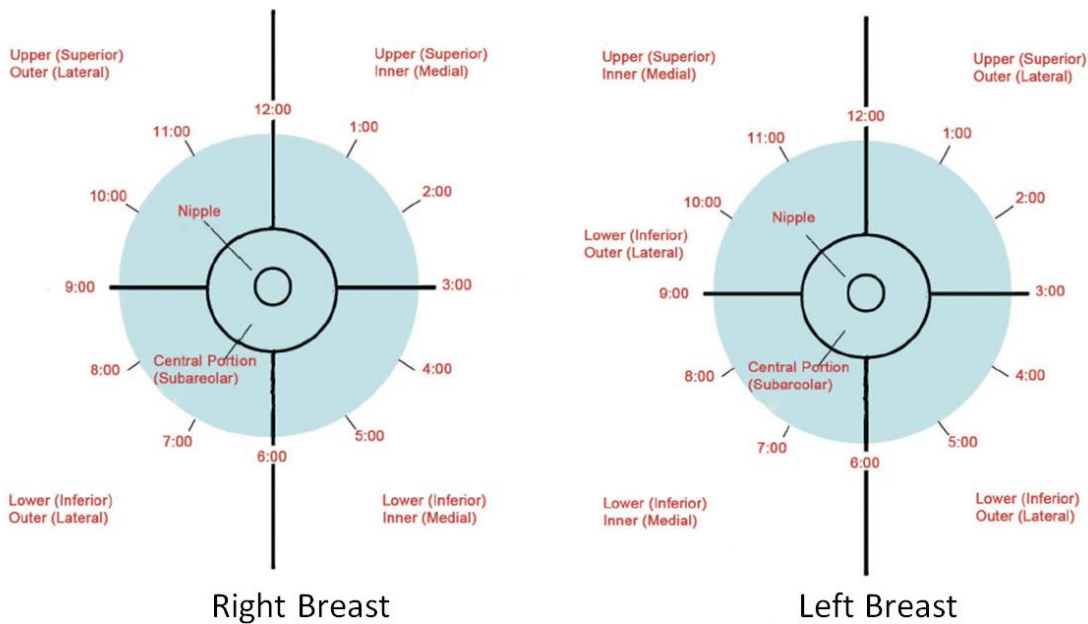
Left breast Inner Outer Nipple

Right breast Inner Outer Nipple

Results Negative Positive Calcifications

Mark on the following graph to indicate location of pain, surgery or lumps:

Clock and Quadrants of the Breast



Yes No

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 ___

Chest, Heart & Lungs

- | | <i>Yes</i> | <i>No</i> |
|---|------------|-----------|
| 1. Have you been diagnosed with: | | |
| Heart disease? | ___ | ___ |
| Lung disease? | ___ | ___ |
| Upper spine disorders? | ___ | ___ |
| 2. Do you suffer with upper back pain? | ___ | ___ |
| 3. Do you suffer with chest pain? | ___ | ___ |
| 4. Have you ever had surgery on: | | |
| Heart? | ___ | ___ |
| Lungs? | ___ | ___ |
| Mid to upper back? | ___ | ___ |
| 5. Do you have asthma or shortness of breath? | ___ | ___ |
| 6. Do you currently smoke? | ___ | ___ |
| 7. Have you smoked in the past 5 years? | ___ | ___ |

Abdomen & Lower Back

1. Do you suffer with acid reflux or other digestive problems? Yes ___ No ___	Have you had surgery or disease in the:	
2. Do you suffer pain in the:	Stomach?	Yes ___ No ___
Stomach? Yes ___ No ___	Spleen (Upper Left)?	Yes ___ No ___
Below R Breast? Yes ___ No ___	Liver (Upper Right)?	Yes ___ No ___
Below L Breast? Yes ___ No ___	Kidneys?	Yes ___ No ___
Abdomen? Yes ___ No ___	Intestines?	Yes ___ No ___
Lower Back? Yes ___ No ___	Abdomen?	Yes ___ No ___
Pelvic Region? Yes ___ No ___	Lower Back?	Yes ___ No ___
	Pelvic Region?	Yes ___ No ___

Have you consumed alcohol in the past 24 hours?

Yes ___ No ___

Legs & Feet

Check only if "Yes"

1. Do you suffer pain in the:	2. Have you had Surgery to:
Leg? LT___ RT___	Leg? LT___ RT___
Sciatica LT___ RT___	Sciatica? LT___ RT___
Buttocks/Hip? LT___ RT___	Buttocks/Hip? LT___ RT___
Knees? LT___ RT___	Knees? LT___ RT___
Ankles? LT___ RT___	Ankles? LT___ RT___
Feet? LT___ RT___	Feet? LT___ RT___

Arms & Hands

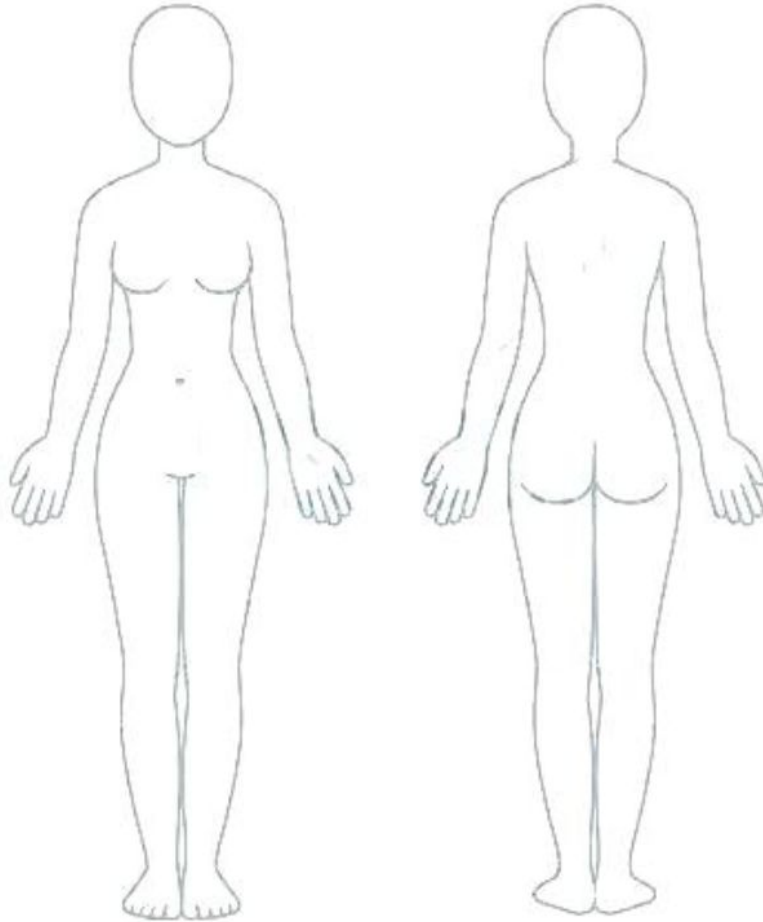
(Check only if "yes")

1. Do you suffer with pain in the:	LT	RT	2. Have you had surgery to:	LT	RT
Shoulder?	___	___	Shoulder?	___	___
Elbow?	___	___	Elbow?	___	___
Arm?	___	___	Arm?	___	___
Hands?	___	___	Hands?	___	___

Do you have any special concerns or are there any related details you'd like to add?

Areas of Pain

Mark the following graph to indicate location of pain, surgery or injury:



Do you have any special concerns or are there any related details you'd like to add?

Client Disclosure

Total Thermography and Breast thermography is a private and non-invasive procedure. The value of thermography as a study tool is its ability to measure skin temperature changes. **It offers men and women information that no other procedure can provide regarding whole body and breast health. Breast thermography is not a replacement for or alternative to mammography or any other form of breast imaging.** Breast thermography, mammography or breast ultrasounds are complementary procedures; one **test does not replace the other.** 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 "Elevated Level of Concern" finding does not 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 thermogram study, consult your doctor immediately.

Notice to clients 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 may not be 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.

Client Signature _____ Today's Date _____