Confidential Questionnaire

Chest and Breast Study

Name	Birth Date	Today's D	ate	
Address_	City	State	Zip	
Phone Number (home)	(cellular)	(work)		
Email	Physician			
	nnaire will remain strictly confidential ologist and any other practitioner that		ged to the re	porting
Chest and Upper Back				
1. Have you been diagnosed with:			Yes	No
Heart disease	e?			
Lung disease	e?			
Upper spine	disorders?			
2. Do you suffer with upper back 1	pain?			
3. Do you suffer with chest pain?4. Have you been diagnosed with5. Have you ever had surgery relat				
	r back?			
6. Do you have asthma or shortness				
7. Do you currently smoke?				
8. Have you smoked in the past 5	vears?			
9. Do you suffer with shoulder pair				

Breast

Is there a specific reason or concern for this breast exam?

					Yes
. Have you	recently had any of t	• •	oms? (Mark LT	only if "yes") RT	
Pain/Tend	lerness				
Lumps					
Change in	breast size				
	kin changes thicken s or changes of the r				
. Are any of	the above symptom	s cycle related?			
. Are you st	ill having your perio	ods?If yes: Date of	last period		
. Have you	had a surgical hyster	rectomy?			_
•	e	<u>-</u>	Complete	Partial	
Reason fo	r hysterectomy?		_		
O Excess 1	oleeding o Endomet	riosis O Fibroid cy	sts O Can	cer Other	
. Has anyon	e in your family eve	r been treated for b	reast cance	er?	
-	te age and survival nosed Res			○ Sister ○ D	=
. Have you	ever been diagnosed	with breast cancer	?		
If yes, dat	e: _Month Y	ear			
Cancer ty	pe O Local	o Metastatic	O Lymph 1	node involvem	ent
Left breas	t O Inner	o Outer	0 1	Nipple	
Right brea	ast O Inner	Outer	\circ N	lipple	
Treatment	• Surgery	o Chemo	\circ R	Radiation	○ None
If surgery	; O Mastectomy	U C Lumpector	my		
If yes: Cy	ever been diagnosed sts/fibrocystic F astitis/inflammatory	ibro Adenoma	_	?	
Have you!	had any cosmetic bro	east surgery or imp	lants?		
If yes, dat	e		cone o	Saline	
Experience	e: O Problem	s O No problems	S		
	ever had any biopsic e		eries to you	ur breasts	
Left breas	t O Inner	Out	er	Nipple	
Right bres	ast O Inner	Out	er	 Nipple 	
Results	 Negative 			Calcific	

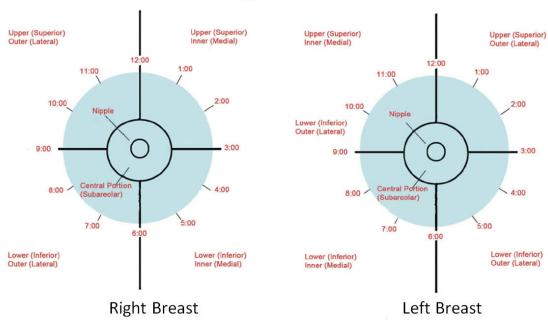
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Mark on the following graph to indicate location of pain, surgery or lumps:

Clock and Quadrants of the Breast

Yes

No



10.	Have you ever tal	ken co	ontracepti	ve p	ills for	r more th	an one	year?		_	
	If yes,	o C	Currently	0	Less t	han 5 ye	ars O	More	than 5 years		
11.	Have you had pha	armac	eutical ho	rmo	one rep	olacemer	t therap	y (HR	T)?	_	
	If yes,	o C	Currently	0	Less	than 5 ye	ears 0	More	e than 5 years		
12.	Do you have an a	nnual	physical	exa	minatio	on by a c	doctor?			_	
13.	Do you perform a	mon	thly breas	t se	lf-exar	n?				_	
14.	Have you ever sn	noked	?							_	
	Have you ever be Total mammogra		_	vith	diabet	es?				_	
18.	Date of last mamr Your age at your Number of full te	first n	nammogr	am?			ed?			_	
20.	Have you had bre If yesDate:				ight	_ Result	s: Negai	tive	Positive	_	
21.	Have you had bre			R	ioht	Result	s· Negai	tive	Positive	_	

Breast thermography is a non-contact, 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 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	Toda	day's Date
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