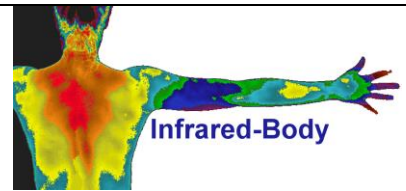


Mobile Medical Thermography Imaging Confidential Questionnaire



Breast Study

Name _____ Birth Date _____

Address _____ City _____ State _____ Zip _____

Phone Number Home _____ Cellular _____ Work _____

E-Mail Address _____ Referral? _____

Is there a specific reason or concern for this exam?

	Yes	No
1. Have you recently had any of these breast symptoms? (Mark only if “yes”)	___	___
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?	___	___
3. Are you still having your periods?	___	___
4. Have you had a surgical hysterectomy?	___	___
If yes, date _____ Complete ___ Partial ___		
Reason for hysterectomy?		
<input type="radio"/> Excess bleeding <input type="radio"/> Endometriosis <input type="radio"/> Fibroid cysts <input type="radio"/> Cancer <input type="radio"/> Other		
5. Has anyone in your family ever been treated for breast cancer?	___	___
If yes, note age and survival <input type="radio"/> Mother <input type="radio"/> Grandmother <input type="radio"/> Sister <input type="radio"/> Daughter		
Age diagnosed _____ Result of Treatment _____		

Yes No

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 Nipple
- Right breast Inner Outer 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

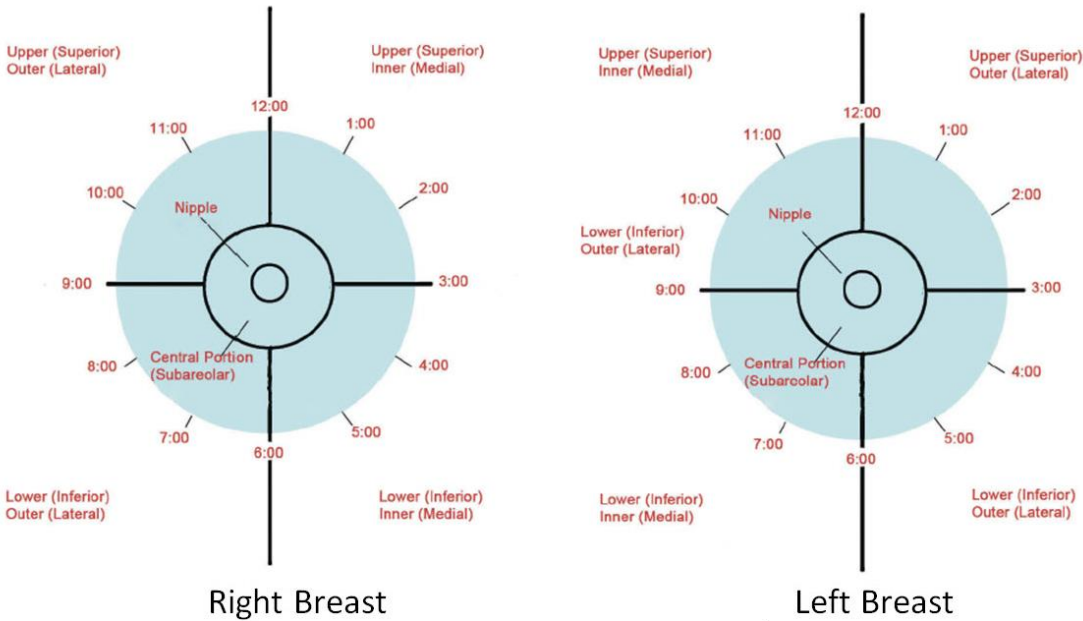
9. Have you ever had any biopsies or any other surgeries to your breasts _____

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 ___ | ___ | ___ |

Do you have any special concerns or are there any details related to the information above?

Client Disclosure

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 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 breast study.

Client Signature _____ Today's Date _____