



THERMOGRAPHY SCAN QUESTIONARE

Name:

Age/Gender:

Primary Care Physician:

Referring Physician:

Symptoms & History

Clinical Concerns:

Current Symptoms:

Current Treatment:

Current Medication:

Thermogram Hx:

Results of clinical correlation:

Surgical Hx:

Dental Hx:

General Hx:

Family Hx:

Diagnoses:

Skin Lesions or Physical Abnormalities:

Ob/Gyn Hx:

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Mammogram/Ultrasound Hx:

Notes:

Breast Questionnaire (Yes or No)

Any close relative who has had breast cancer?

Ever been diagnosed with breast cancer?

Ever been diagnosed with any other breast disease?

Ever had any biopsies or surgeries to breasts?

Ever had any breast cosmetic surgery or implants?

Had a mammogram in the past 12 months?

Had a mammogram in the past 5 years?

Any abnormal results from any breast testing?

Ever taken a contraceptive pill for more than 1 year?

Ever suffered with cancer of the womb?

Ever had hormone replacement therapy?

Have an annual physical examination by a doctor?

Perform a monthly breast self exam?

Did the patient's periods start before the age of 12?

Did the patient's periods end after the age of 50?

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Had vaccination in past 4 weeks? Indicate which arm? Yes or No

Left Arm / Right Arm

Total number of mammograms?

Patient age at first mammogram?

Number of children that patient has given birth to?

What was the age of the patient at the birth of their first child?

Does the patient smoke now or has ever smoked in the past?

Has the patient recently had any of these breast symptoms? Right / Left

Pain?

Tenderness?

Lumps?

Change in breast size?

Areas of skin thickening or dimpling?

Secretions of the nipple?

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