

Breast Thermography Confidential Questionnaire

Vibrant Health Imaging & Integrative Care

1. Any close relative who has had breast cancer? Yes No
If so, what relation to you/what form? _____
2. Have you ever been diagnosed with breast cancer? Yes No
If so-when/what breast & quadrant/how diagnosed/what has been done about it?

3. Ever been diagnosed with another breast disease? (Cystic Fibrocystic Mastitis Abscess) Yes No
If so-when/what breast & quadrant/how diagnosed/what kinds of treatments have
been done? _____
4. Have you had any biopsies or surgeries to your breasts? Yes No
If so-what/when/what quadrant of what breast(s)/findings? _____
5. Have you had any breast cosmetic surgery or implants? Yes No
If so-what/when/where were incisions? _____
6. Have you had a mammogram in the past 12 months? Yes No
Any findings of concern? _____
7. Have you had a mammogram in the past 5 years? Yes No
Any findings of concern? _____
8. Have you had abnormal results from any breast testing? Yes No
If so when/what/any action taken? _____
9. Have you ever taken a contraceptive pill for more than 1 year? Yes No
10. Have you suffered with cancer of the womb? Yes No
If so, when/what was the treatment/outcome? _____
11. Have you had pharmaceutical hormone replacement therapy? Yes No
12. Have you had bio-identical hormone replacement therapy Yes No
13. Do you have an annual physical examination by the doctor? Yes No
14. Do you perform a monthly breast self exam? Yes No
15. How many mammograms have you had in total? _____
Your age at 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 No Never Not in last 12 months Not in last 5 years

Incisional scars or issues of

- LEFT BREAST UO UI LO LI quadrant?
RIGHT BREAST UO UI LO LI quadrant?

Have you recently had any of these breast symptoms: (check any that apply)

- LEFT BREAST Pain Tenderness Lumps Changes in breast size
 Areas of skin thickening/dimpling/secretions
RIGHT BREAST Pain Tenderness Lumps Changes in breast size
 Areas of skin thickening/dimpling/secretions

Signature

Date