

## Confidential Questionnaire – Women’s Breast Questionnaire

<b>Patient’s Name</b>	<b>Report Date</b>
<b>D.O.B.</b>	<b>Referring Physician</b>
<b>Address</b>	<b>City</b>
<b>Province</b>	<b>Postal Code</b>
<b>Home Phone</b>	<b>Cellular Phone</b>
<b>Work Phone</b>	<b>E-Mail</b>

*All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.*

**YES      NO**

Are you currently taking any supplements; if yes please list	
Are you currently taking any medication; if yes please list	
Are you using bio identical hormones?	
Progesterone	
Estrogen	
DHEA	
Testosterone	



Have you ever had any cosmetic breast surgery or implants?		
If yes, Date Type:                      Silicone                      Saline Experience:              Problems                      No Problems		
Have you ever had any biopsies or other surgeries to your breasts?		
If yes, Date Left breast                      Inner                      Outer                      Nipple Right breast                      Inner                      Outer                      Nipple Results                      Negative                      Positive                      Calcifications		
Have you ever taken contraceptive pills for more than one year?		
If Yes,                      Currently                      Less than 5 years                      More than 5 years		
Have you ever had pharmaceutical hormone replacement therapy (HRT)?		
If Yes,                      Currently                      Less than 5 years                      More than 5 years		
Do you have an annual physical examination by a doctor?		
Do you perform a monthly breast self-exam?		
Have you ever smoked?		
Have you ever been diagnosed with diabetes?		
Date of your last mammogram		
Were you re-called?		
How many mammograms have you had in total?		
Your age at your first mammogram?		
Number of full term pregnancies?		
Your age at birth of your first child?		
Age when you started your period?		

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

**Procedure:** You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings. Your thermal imaging baseline reports will provide information about current and future conditions only and does not diagnose breast disease. Thermal imaging should be correlated with other medical investigative methods to better direct definitive testing for diagnosis and treatment. It does not replace any other breast examination.

**Patient Disclosure:** I understand that the report generated from my images is intended for use by a trained health care provider to assist in evaluation and treatment. I further understand that the report is not intended to be used by myself for self-evaluation or self-diagnosis. I understand that the report will not tell me whether, I have any illness, diseases, or other conditions, but will be an analysis of the images with respect only to the thermographic findings discussed in the report.

By signing below, I certify that I have read and understand the statement above and consent to the examination.

Patient Signature \_\_\_\_\_ Today's Date \_\_\_\_\_