Midwest Thermography
Trusted Partners in Thermal Imaging

Breast Health History

Patient's Name:_____ DOB:_____ Date: _____

Address:_____ City:_____

State:_____ Zip:_____ Home Phone:_____ Cell Phone:_____

E-Mail:_____ Referred By: _____

Please answer the following questions:

Do you have any family history of breast cancer? ❒ Self ❒ Mother ❒ Sister ❒ Daughter ❒ None

Maternal – ❒ Grandmother ❒ Aunt ❒ Cousin *Paternal* – ❒ Grandmother ❒ Aunt ❒ Cousin

Do you have any diagnosed breast conditions? ❒ None ❒ Fibrocystic ❒ Cystic ❒ Other _____

When was the date of your last mammogram? _____ Last Breast MRI? _____

Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Something is being watched – ❒ R ❒ L Breast

When was the date of your last breast ultrasound? _____ Were both breasts imaged? ❒ Y ❒ N

Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Something is being watched – ❒ R ❒ L Breast

When was the date of your last thermogram? _____ At what clinic? _____

Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Something is being watched – ❒ R ❒ L Breast

Date of last physical breast exam by a doctor _____ ❒ Normal ❒ Lump found – ❒ R ❒ L Breast

Any breast biopsies? When and what type (needle, excisional)? _____ ❒ R ❒ L Breast

_____ ❒ R ❒ L Breast

_____ ❒ R ❒ L Breast

What was found on the biopsy? ❒ Cancer ❒ Other _____ ❒ R ❒ L Breast

Any breast surgeries? When and what was done? _____ ❒ R ❒ L Breast

Have you had a mastectomy? ❒ Complete ❒ Partial If yes, when? _____ ❒ R ❒ L Breast

Was the nipple removed? ❒ Y ❒ N Was the surface skin of the original breast entirely removed? ❒ Y ❒ N

Any breast reconstruction? What was done? (trans flap, implant, fat transfer)_____ ❒ R ❒ L Breast

Have you ever had breast implants? ❒ Y ❒ N If yes, when did you get them?_____

What type of implant did you receive?_____ Have you ever had an implant leak? ❒ Y ❒ N

If yes, when?_____ How was it resolved?_____

Have you had implants removed? ❒ Y ❒ N If yes, when?_____

If you have had any radiation treatment, when was it last performed?_____ ❒ R ❒ L Breast

How many children do you have?_____ At what age was your first full term pregnancy?_____

How many of your children did you nurse over 1 month? _____ Are you currently nursing? ❒ Y ❒ N

Are you currently pregnant? ❒ Y ❒ N Current cycle day (number of days since first day of period): _____

If you've used birth control pills, at what age did you start? _____ How many years have you taken them?_____

Are you currently taking them? ❒ Y ❒ N

If you are taking hormone replacement, at what age did you start? _____ How many years taken?_____

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Are you currently taking hormones? ❒ Y ❒ N (check only if by prescription):

❒ Estrone ❒ Estradiol ❒ Estriol ❒ Progesterone ❒ DHEA ❒ Pregnenolone ❒ Testosterone

If you are in menopause, at what age did it begin? _____

Are you currently using any other medications? If yes, what? (i.e. Tamoxifen): _____

_____

_____

Are you currently using a progesterone cream (applied to: ❒ Breasts only ❒ Rotating body areas) ❒ Y ❒ N

Do you feel that you are overweight?_____ If yes, how many pounds overweight? _____

Have you had a hysterectomy? If yes, at what age? _____ Why? _____

Have you had your ovaries removed?_____ If yes, at what age?_____ Why? _____

Are you experiencing any of the following with your breasts:

❒ A Lump (date found _____); by ❒ Self ❒ Doctor. Is it ❒ Hard ❒ Soft ❒ Mobile ❒ Tender)

Pain: ❒ Dull ❒ Sharp ❒ Burning ❒ Stinging ❒ Tenderness ❒ The pain or tenderness changes with my cycle

Pain Frequency: ❒ Occasional (0-25%) ❒ Intermittent (25-50%) ❒ Frequent (50-75%) ❒ Constant (75-100%)

❒ Thickening ❒ Skin changes (❒ Color ❒ Texture ❒ Over the lump)

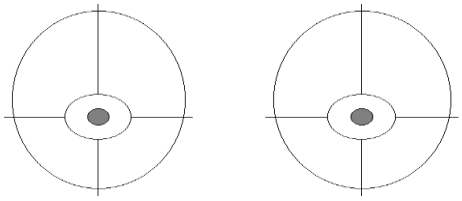
❒ R ❒ L Nipple discharge (❒ Bloody ❒ Milky ❒ Clear ❒ Through 1 duct ❒ Through multiple ducts)

❒ R ❒ L Nipple retraction ❒ R ❒ L Nipple Changes (❒ Color ❒ Texture)

❒ Other _____

_____

Place an [O] on the diagram in the exact area of the lump, finding on your breast imaging, or area being watched, and an [X] in the area of pain, tenderness, thickening, or skin changes. Please also draw in the site of previous biopsies or lumpectomies.



Right Breast **Left Breast**

Do not write below this line _____

❒ Initial exam ❒ Re-exam Thermography Technician: _____

T = _____ F ❒ R ❒ L Nipple retraction ❒ R ❒ L Areola traction toward SLQ SMQ ILQ IMQ

❒ R ❒ L Skin surface bulge or dimple SLQ SMQ ILQ IMQ ❒ R ❒ L Skin changes SLQ SMQ ILQ IMQ

❒ R ❒ L Nipple Changes (❒ Color ❒ Texture) ❒ R ❒ L Nipple discharge (❒ Bloody ❒ Milky ❒ Clear)

Comments:_____

_____

_____

_____

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