

Patient Name _____ Date of Birth: ___ / ___ / _____

1. Have you been diagnosed with breast cancer? [] Yes [] No

- a. Date of diagnosis: ___ / ___ / _____
 - b. Cancer was diagnosed on the:
Left Breast in stage: 0 1 2 3 4 unknown Right Breast in stage: 0 1 2 3 4 unknown
 - c. Type of cancer: [] Ductal [] Lobular [] Inflammatory [] Medullary [] Mucinous
 [] Paget's [] Phyllode [] Tubular [] don't recall
 - d. Date of biopsy: ___ / ___ / _____
 - e. Did you have surgery? [] None [] Lumpectomy [] Mastectomy
 - f. Date of lumpectomy: ___ / ___ / _____
Date of mastectomy: ___ / ___ / _____
 - Did you have breast reconstruction? [] None [] Tram [] Flap [] Expander [] Other
- Explain: _____

- Date of reconstruction: ___ / ___ / _____
- g. Have you had treatments? [] None [] Radiation [] Chemotherapy
 - h. Date of last radiation treatment: ___ / ___ / _____
 - i. Date of last chemotherapy treatment: ___ / ___ / _____

2. Have you had any non-cancer breast surgery [] Yes [] No

- a. Surgery was performed on the: [] Left Breast [] Right Breast
 - b. Type of surgery on the left breast: [] Biopsy [] Implants [] Reduction [] Other
- Left breast other surgery was done on: ___ / ___ / _____
- Explain: _____

- Left breast biopsy was done on: ___ / ___ / _____
- Left breast implant was done on: ___ / ___ / _____
- Left breast reduction was done on: ___ / ___ / _____
- c. Type of surgery on the right breast: [] Biopsy [] Implants [] Reduction [] Other
- Right breast other surgery was done on: ___ / ___ / _____
- Explain: _____

- Right breast biopsy was done on: ___ / ___ / _____
- Right breast implant was done on: ___ / ___ / _____
- Right breast reduction was done on: ___ / ___ / _____
- d. Specify implant type: [] Saline [] Silicone [] Other
- Explain: _____

3. Have you ever been diagnosed with mastitis? [] Yes [] No

- a. Mastitis was diagnosed on the: [] Left Breast [] Right Breast
- b. Date of diagnosis: ___ / ___ / _____
- c. Type of treatment: _____

4. Have you ever been diagnosed with other breast disease? [] Yes [] No

- a. Date of diagnosis: ___ / ___ / _____
 - b. Breast disease was diagnosed on the: [] Left Breast [] Right Breast
 - c. Type of breast disease: [] Fibrocystic [] Other
- Explain: _____

- d. Date of treatment: ___ / ___ / _____

5. Have you recently had abnormal results from a breast exam? Yes No

- a. How was it detected?: Self Physical Infrared Mammogram X-Ray Mammogram
 Ultrasound Breast MRI
- b. Abnormal results on the: Left Breast Right Breast
- c. Location of abnormal results on the left breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant
- d. Location of abnormal results on the right breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant
- e. Abnormal results found on: ____/____/_____

6. Have you ever been diagnosed with ovarian cancer? Yes No

- a. Diagnosed on: ____/____/_____
- b. Ovarian cancer was in stage: 1 2 3 4 unknown
- c. Date of last treatment: ____/____/_____

7. Have you had surgery for the removal of both ovaries? Yes No

- a. Date of surgery: ____/____/_____

8. Has a blood relative had breast or ovarian cancer? Yes No

- a. Which family members? Mother Daughter Sister Aunt Cousin
 Grandmother Niece Other

Explain:

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- b. Were any family members diagnosed at age 50 or younger? Yes No

- Which family members? Mother Daughter Sister Aunt Cousin
 Grandmother Niece Other

9. Have you ever had any radiation treatments to your chest or back excluding chest x-rays (such as for treatment of Hodgkin's Disease)? Yes No

- a. Date of treatment: ____/____/_____

10. Have you ever had an X-Ray Mammogram? Yes No

- a. How many X-Ray Mammograms have you had in total? _____
- b. What was your age at your first X-Ray Mammogram? _____
- c. Date of your last X-Ray Mammogram: ____/____/_____

11. Did you have your first period at age 12 or younger? Yes No

- a. At what age did you have your first period? _____

12. Date of your last menstrual period to your best recollection: ____/____/_____

13. Have you gained more than thirty (30) pounds of body weight after completing menopause?

- Yes No n/a

14. Have you ever used hormone contraceptives (Pill, Norplant, Depro-Provera)? Yes No

- a. What age did you start taking hormone contraceptives? _____
- b. How many years have you taken hormone contraceptives in total? _____
- c. Did you take hormonal contraceptives for 4 or more years total before your first child?
 Yes No

15. Have you ever been pregnant? Yes No

- a. What was your age at your first pregnancy? _____
- b. What was your age at your first childbirth? _____

16. Did you ever use fertility drugs? Yes No

17. Are you now taking other prescribed estrogen hormones (HRT)? Yes No

a. What type? Premarin Prempro Bio-Identical Other

Explain:

b. How is this applied? Vaginal Patches Cream Orally

18. Are you currently pregnant? Yes No Maybe

c. When did you become pregnant: ____/____/____

19. Have you ever breast fed? Yes No

a. Are you currently breast feeding? Yes No

b. Which breast do you primarily breast feed with?

Left Breast Right Breast Both Evenly

c. Did you breast feed any of your children for more than one month? Yes No

20. Have you ever had an Infrared Mammogram (Thermology)? Yes No

a. Site name: _____

b. Date: ____/____/____

c. Do you give LAthermography/Infrared Medical Solutions permission to obtain a copy of your previous Infrared Mammograms? Yes No

21. Have you recently had a discharge or secretion from your nipples? Yes No

a. Secretions from the: Left Breast Right Breast

b. Secretion type: Bloody Clear Milky Discolored Other

Explain:

22. Do you have any distortion of your nipples or areolas? Yes No

a. Distortion of the: Left Nipple/Areola Right Nipple/Areola

b. When did you first notice this change? ____/____/____

23. Do you currently have any breast tenderness? Yes No

a. Tenderness on the: Left Breast Right Breast

b. Location of tenderness on the left breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

c. Location of tenderness on the right breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

24. Do you currently have any breast pain? Yes No

a. Pain on the: Left Breast Right Breast

b. Location of pain on the left breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

c. Location of pain on the right breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

25. Do you currently have any breast lumps? Yes No

a. When did you first notice this symptom? ____/____/____

b. Lumps on the: Left Breast Right Breast

c. Location of lumps on the left breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

d. Location of lumps on the right breast:

Upper Inner Quadrant Upper Outer Quadrant

Lower Inner Quadrant Lower Outer Quadrant

26. Do you currently have any skin thickening of the breast? Yes No

- a. When did you first notice this change? ____/____/____
b. Skin thickening on the: Left Breast Right Breast
c. Location of skin thickening on the left breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola
d. Location of skin thickening on the right breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola

27. Do you currently have any discoloration of the breast? Yes No

- a. When did you first notice this change? ____/____/____
b. Discoloration on the: Left Breast Right Breast
c. Location of discoloration on the left breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola
d. Location of discoloration on the right breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola

28. Do you currently have any change in shape of the breast? Yes No

- a. When did you first notice this change? ____/____/____
b. Shape change on the: Left Breast Right Breast
c. Location of shape change on the left breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola
d. Location of shape change on the right breast:
 Upper Inner Quadrant Upper Outer Quadrant
 Lower Inner Quadrant Lower Outer Quadrant Nipple/Areola

29. Do you currently have any change in size of your breasts? Yes No

- a. Is this related to a change in overall body weight? Yes No
b. Change in size of the: Left Breast Right Breast

30. Are the symptoms from questions 21, 23, 24, 25 & 29 related to your menstrual cycle?

Yes No

Technician's Notes