

Breast Health History - Recap

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City: _____ Postal Code: _____

Cell: _____ Home: _____ E-mail: _____

Occupation: _____ Marital Status: S M D W SEP # of Children: _____

Since your last thermogram:

Y N Have you been diagnosed with any breast conditions?
 None Fibrocystic Cystic Other: _____

Y N Have you had a mammogram? If so, please provide date: _____
 Was it: Normal Abnormal Suspicious Being watched R L Breast

Y N Have you had any breast ultrasounds? If so, please provide date: _____
 Was it: Normal Abnormal Suspicious Being watched R L Breast

Y N Have you had a breast exam by a doctor? If so, please provide date: _____
 Was it: Normal Lump found R L Breast

Y N Have you had any breast biopsies, surgeries, procedures or other forms of
 screening to your breast since your last thermogram?
 If so, when and what type? _____ R L Breast

Please note any other concerns/issues you may have since your last thermogram: _____

Place an [O] on the diagram in the exact area of the lump, findings on your mammogram, or area being watched, and a [X] in the area of pain, tenderness, thickening, or skin changes.



Right Breast



Left Breast

<p><i>Office Use Only</i></p> <p>Date of Previous Exam: _____</p> <p>R. Breast Score: _____</p> <p>L. Breast Score: _____</p>

Signature: _____ Date: _____