

Breast Health Questionnaire

First Name _____ Last Name _____ Date of Birth ___/___/19___ Age ___

Address _____ City _____ ST _____ ZIP _____

Phone Number _____ Fax Number _____

MEDICATIONS: Have you ever taken Birth Control pills: Yes No Age started: _____ Years taken: _____

Are you currently taking Birth Control pills: Yes No Age started: _____ Years taken: _____

Birth Control pills taken before 1st pregnancy: Yes No

Estrogen: Yes No Name of Estrogen taking _____ Years taken _____

Progesterone: Yes No Age started: _____ Years taken: _____ Currently taking: Yes No

Name (type) of Progesterone: Prescriptive Natural Oral Cream

Other drugs: List (i.e. blood pressure, etc.) _____

List supplements: _____

RELEVANT HISTORY: GENERAL INFORMATION TO CALCULATE RISK INDEX:

Menstrual day number : _____ Total days in cycle: _____ Age Started: _____

Menopause age started: Hysterectomy: Yes No Age _____ Ovaries removed: Age _____ Ovary: R L

No. of Pregnancies: _____ Age at 1st Preg: _____ No. of Live Births: _____ No. of children nursed more than 1 mth.: _____

Are you: Caucasian African American Asian American Native American Jewish Other _____

LBS Overweight: 1-20 lbs 20-40 lbs 40-60 lbs 60 + lbs

Have you experienced ANY blunt trauma to the chest: Yes No Year: _____

Do you consistently use anti-perspirants? Yes No

FAMILY HISOTRY OF BREAST CANCER:

Self Age diagnosed: _____ Mother Sister Daughter

Maternal Grandmother Maternal Aunt Maternal Cousin

Paternal Grandmother Paternal Aunt Paternal Cousin

NOTES: Physical Exam: Note by letter on the diagram the region of the breasts if affected by any of the following:

A Mass B Thickening C Discharge D Nipple Change E Skin Change F Area of pain

G Burning H Tender I Dull Ache J Sharp pain K Implants

Have you ever had a biopsy: Yes No How Many: _____

Needle biopsy Surgical biopsy L R Position: _____ Year: _____

Were you told it was: Benign Suspicious Malignant

Lumpectomy: Yes No R L Year of surgery: _____

Mastectomy: Yes No R L Year of surgery: _____

Radiation to breast: Yes No R L Month: _____ Year: _____

Chemotherapy: Yes No Month: _____ Year: _____

Date of last thermal Image: _____ Normal Abnormal Room Temperature: _____

Date of last mammography exam: _____ Normal Abnormal Client Temperature: _____

Date of last breast ultrasound: _____ Normal Abnormal

The information supplied is, to my knowledge, true and complete.

Patient's Name: _____ Technician Initial _____

Signed: _____ Date: _____

Date: _____

Energy Health Centre

Release for Testing Procedure

Infrared thermal scan is a non-contact, non-invasive test that demonstrates physiological patterns of your body. It is not a stand-alone diagnostic test. No surgical procedure should be based on breast thermal imaging alone. Procedures such as mammography, ultrasound, palpation, biopsy etc. may be needed to arrive at a final diagnosis. The information provided by your thermal scan is combined with your history to enable your health care provider to plan an approach to your care. The report is called a thermogram.

A licensed medical practitioner is the only qualified person to formulate a diagnosis. He or she must combine thermographic studies with your additional clinical and testing information to determine your problem. The scan provides evidence of thermal asymmetries that may be present. An asymmetry may be indicative of vascular, neurological, muscular, or other physiological problem.

PLEASE READ CAREFULLY. Please ask questions if there is anything that you do not understand on this consent form.

I have read the above information and I understand that I am not receiving a diagnosis of any condition based solely on my thermal scan. I understand that a thermal scan is non-invasive, and is reading the thermal patterns on the surface of my body. From this information a qualified practitioner will interpret any thermal abnormality displayed. A thermal image is not a replacement for a mammogram.

I am aware that this procedure is not covered by my insurance and that the office fee is due and payable at the time of service.

Print Name: _____

Signature: _____ Date: _____

Signature of scanning technician:

RECORD RELEASE

I (signature) _____ authorize this clinic to release information regarding my scans, or to send copies of my scans to the following physicians:

Energy Health Centre

Breast Thermal Infrared Imaging Information

Patient Information for Breast Screening with Infrared Thermal Imaging

Purpose of test:

For early detection of abnormal changes in the breasts. Thermal Imaging is used in conjunction with physical exams and mammography to aid in detection of breast disease. A thermal image does not replace mammography.

Patient Preparation:

Complete all paperwork prior to your arrival. Bring it with you to your appointment. If this is not possible, arrive 15 minutes early for your appointment and complete the necessary paperwork at that time. All information is confidential and is used by the physician to evaluate your thermal images. If you have any questions, call the office to speak with Gayla Campbell, RNC, WHNP.

Avoid any hot beverages at least 4 hours prior to the exam.

Avoid a hot shower for at least 4 hours prior to exam.

Do not smoke for 2 hours before the exam.

Do not use lotions or powder on your breasts on the day of the exam.

Avoid application of deodorant if possible.

Do not shave the day of the exam to avoid skin abrasion.

Avoid sun exposure for extended periods of time the day before and day of exam.

Please provide a list of medications either prior to or at the time of exam.

Notify the technician if you are taking Beta Blockers as a medication.

Please bring a hairclip or scrunchie to pull your hair off of your neck.

You will need to disrobe from the waist up and acclimate to room temperature (approx. 70 degrees) for 15 minutes prior to your scan. The scan will take approximately 30 minutes. If you are disabled or unable to sit or stand for long periods, notify the scheduling technician. Complete testing requires your cooperation to image all areas affected.

Test Results:

Once your scan is complete it will take approximately 2-3 weeks before your results will be available. The results will be discussed with you at your follow-up appointment. Your scan results will include a re-call period from 6 weeks to 12 months.

Infrared Imaging increases the chance of early detection of breast disease. Like all procedures it is not a 100% guarantee of detection. A complete program of breast health includes: Monthly self exam, Annual physician exam, Annual thermal Imaging and Mammography as indicated (with an initial baseline at 40 years of age.) Ask your health care provider for additional information.

Patient Signature

Date

Tech Signature

Date