Breast Health Questionnaire

Name____ DOB___________________

BREAST HEALTH QUESTIONS

Question		
Do you have any close relatives who have had breast cancer?	☐ Yes	☐ No
If yes, who?		
Have you ever been diagnosed with breast cancer? If yes, what kind, stage, and what course of action did you take?	☐ Yes	☐ No
Have you ever been diagnosed with any other breast conditions?	☐ Yes	☐ No
Have you had any biopsies or surgeries to your breasts?	☐ Yes	☐ No
Have you had any breast cosmetic surgery or implants? Please provide details. Silicone or saline? Under muscle? Year placed: Any issues?	☐ Yes	☐ No
Have you had a mammogram in the past 12 months?	☐ Yes	☐ No
Have you had a mammogram in the past 5 years?	☐ Yes	☐ No
Have you had abnormal results from any breast testing? If yes, please explain.	☐ Yes	☐ No
Have you ever taken a contraceptive pill for more than 1 year? Approximately how many years? What kind of contraception?	☐ Yes	☐ No
Have you suffered with cancer of the Cervix, Uterus, or Ovaries? If yes, please specify.	☐ Yes	☐ No
Have you had pharmaceutical hormone replacement therapy?	☐ Yes	☐ No
Do you have an annual physical examination by a doctor?	☐ Yes	☐ No
Do you perform a monthly self breast exam?	☐ Yes	☐ No
How many mammograms have you had in total? (Estimation is ok.) _______________ Age at first mammogram____________		
Were your results normal?	☐ Yes	☐ No
How many births have you had?		
Your age at birth of first child?		
Did your periods start before the age of 12?	☐ Yes	☐ No
Did your periods finish after the age of 50?	☐ Yes	☐ No
Do you smoke? YES / NEVER / NOT IN LAST 12 MONTHS / NOT IN LAST 5 YEARS		

HAVE YOU RECENTLY HAD ANY OF THESE BREAST SYMPTOMS?

Symptom		
Pain?	☐ Right	☐ Left
Lumps?	☐ Right	☐ Left
Change in breast size?	☐ Right	☐ Left
Areas of thickening or dimpling?	☐ Right	☐ Left
Secretions of the nipple?	☐ Right	☐ Left

I understand that the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnose and treatment. I further understand that the Report is not intended to be used for individuals for self-evaluation or self-diagnosis. I understand that the Report will not tell me whether I have any illness, disease, or other condition but will be an analysis of the Images with respect only to the thermographic findings discussed in the Report. In order to obtain an accurate baseline pattern, Meditherm requires a three month follow up thermography. The purpose of the three month follow up comparison is to establish the baseline pattern for which all future thermograms are compared to monitor stability. By signing below, I certify that I have read and understand the statements above and consent to the examination.

Lighthouse Health and Thermography LLC claims thermography and mammography are two different screening tools and does not claim that one replaces the other.

Signature: ____ Today's Date: _________________