Confidential Questionnaire
Breast Study

Name

Birth Date Today's Date

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

Breast

Is there a specific reason or concern for this breast exam?

			Yes	No
1. Have you recently had any of these breast symptoms?			○	○
	LT	**RT**		
Pain/Tenderness	○	○		
Lumps	○	○		
Change in breast size	○	○		
Areas of skin changes thickening or dimpling	○	○		
Excretions of the nipple	○	○		
			Yes	**No**
2. Are any of the above symptoms cycle-related?			○	○
3. Are you still having periods? If yes, date of last period			○	○
4. Have you had a surgical hysterectomy?			○	○
If yes, date	○ Complete	○ Partial		

Reason for hysterectomy:
○ Excess bleeding ○ Endometriosis ○ Fibroid cysts ○ Cancer ○ Other ____________

	Yes	No
5. Has anyone in your family ever been treated for breast cancer?	○	○

If yes, ○ Mother ○ Grandmother ○ Sister ○ Daughter

Age diagnosed ________ Result of Treatment________________________________

6. Have you ever been diagnosed with breast cancer? ○ ○

If yes, date:

Cancer type ○ Local ○ Metastatic ○ Lymph node involvement

Left breast ○ Inner ○ Outer ○ Nipple

Right breast ○ Inner ○ Outer ○ Nipple

Treatment ○ Surgery ○ Chemo ○ Radiation ○ None

7. Have you ever been diagnosed with any other breast disease? ○ ○

If yes, ○ Cysts/fibrocystic ○ Fibro Adenoma ○ Mastitis/inflammatory breast disease

Yes **No**

8. Have you had any cosmetic breast surgery or implants? ○ ○

If yes, date ○ Silicone ○ Saline

Experience ○ Problems ○ No problems

9. Have you ever had any biopsies or any other surgeries to your breasts? ○ ○

If yes, date

Left breast ○ Inner ○ Outer ○ Nipple

Right breast ○ Inner ○ Outer ○ Nipple

Results ○ Negative ○ Positive ○ Calcifications

10. Have you ever taken contraceptive pills for more than one year? ○ ○

If yes, ○ Currently ○ Less than 5 years ○ More than 5 years

11. Have you had pharmaceutical hormone replacement therapy (HRT)? ○ ○

If yes, ○ Currently ○ Less than 5 years ○ More than 5 years

12. Do you have an annual physical examination by a doctor? ○ ○

13. Do you perform a monthly breast self-exam? ○ ○

14. Have you ever smoked? ○ ○

15. Have you ever been diagnosed with diabetes? ○ ○

16. Total Mammograms ________

17. Date of your last mammogram Were you re-called? ○ ○

18. Your age at your first mammogram?

19. Number of full-term pregnancies?

20. Have you had breast ultrasound? ○ ○
If yes…Date:____/____ Left _____ Right_____ Results: Negative____ Positive ____

21. Have you had breast MRI? ○ ○
If yes…Date:____/____ Left _____ Right_____ Results: Negative____ Positive ____