THERMOGRAPHY CLINIC

514.577.7339
thermographyclinicquebec@gmail.com

Date of previous exam: _____

Right Breast Score: _____

Left Breast Score: _____

Name: _____

Date of Birth _____ /_____/_____ **Date of Exam:** _____ /_____/_____
mm / dd / yyyy mm / dd / yyyy

SINCE YOUR LAST THERMOGRAM HAVE YOU:

❒ Y ❒ N Been diagnosed with any breast conditions?
❒ None ❒ Fibrocystic ❒ Cystic ❒ Other _____

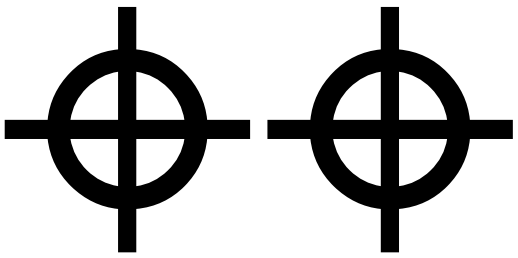
❒ Y ❒ N Had a mammogram? If so please provide date _____
Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Being watched ❒ R ❒ L Breast

❒ Y ❒ N Had any breast ultrasounds? If so please provide date_____
Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Being watched ❒ R ❒ L Breast

❒ Y ❒ N Had a breast exam by a doctor? If so please provide date_____
Was it: ❒ Normal ❒ Lump Found ❒ R ❒ L Breast

❒ Y ❒ N Had any breast biopsies, surgeries, procedures or other forms of screening to your breasts since your last thermogram? If So, When and what type_____
_____ ❒ R ❒ L Breast

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



RIGHT BREAST LEFT BREAST

Please note any other concerns/issues that might have risen since your last thermogram: _____
_____
_____

Signature: _____