

**www.MyBreastImaging.com – Infrared Breast Imaging**

**Patient's Name:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Phone #:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Sex:** \_\_\_\_\_  
**Drivers License #:** \_\_\_\_\_

Have you ever been diagnosed with breast cancer?  Y  N Date: \_\_\_\_\_  R  L Breast

Date of your last mammogram: \_\_\_\_\_  
 Was it:  Normal  Abnormal  Suspicious  Watchful –  R  L Breast

Date of your last breast ultrasound: \_\_\_\_\_ Were both breasts imaged?  Y  N  
 Was it:  Normal  Abnormal  Suspicious  Watchful –  R  L Breast

**Was a follow up biopsy recommended after your mammogram, ultrasound, or MRI?**  Y  N

Date of last physical breast exam by a doctor: \_\_\_\_\_  Normal  Lump found –  R  L Breast

Date of any breast biopsies: \_\_\_\_\_  R  L Breast

What was found on the biopsy?  Cancer  Other \_\_\_\_\_  R  L Breast

Any breast surgeries? Date and what was done? \_\_\_\_\_  R  L Breast

Have you had a mastectomy?  Complete  Partial Date: \_\_\_\_\_  R  L Breast

Was the nipple removed?  Y  N Was the surface skin of the original breast entirely removed?  Y  N

Any breast reconstruction? What was done? (ex. trans flap, implant) \_\_\_\_\_  R  L Breast

Any breast radiation treatment? Date of last treatment \_\_\_\_\_  R  L Breast

Are you currently pregnant?  Y  N

Are you currently nursing?  Y  N

Are you using anything to modulate the effects of estrogen? (ex. progesterone cream, DIM)  Y  N

**Are you experiencing any of the following with your breasts:**  None

A Lump (date found \_\_\_\_\_; found by  Self breast exam  Doctor exam)

Pain:  Dull  Sharp  Burning  Stinging  Tenderness  The pain changes with my cycle

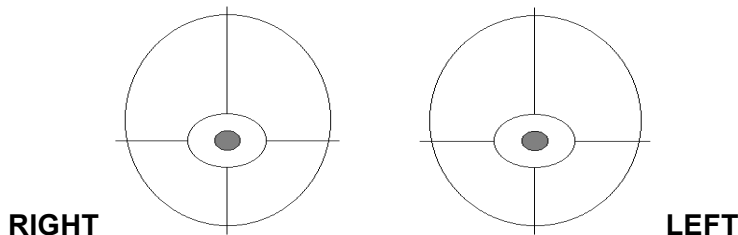
Thickening  Skin changes ( Color  Texture  Over the lump)

R  L Nipple discharge ( Bloody  Milky  Clear  Through 1 duct  Through multiple ducts)

R  L Nipple retraction ( For many years  Recently)  R  L Nipple changes ( Color  Texture)

Other \_\_\_\_\_

**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.**



**Do not write below**

Span: \_\_\_\_\_  Initial Exam  Re-Exam Tech: \_\_\_\_\_

Pt T = \_\_\_\_\_ F Rm T = \_\_\_\_\_ C  R  L Nipple retraction  R  L Areola traction SLQ SMQ ILQ IMQ

R  L Skin surface bulge or dimple SLQ SMQ ILQ IMQ  R  L Skin changes SLQ SMQ ILQ IMQ

R  L Nipple changes ( Color  Texture)  R  L Nipple discharge ( Bloody  Milky  Clear – S M)