LAS VEGAS THERMOGRAPHY

Name _____ Birthdate _____

Address _____ City _____ Zip _____

Email _____ Cell Phone _____ Doctor _____

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

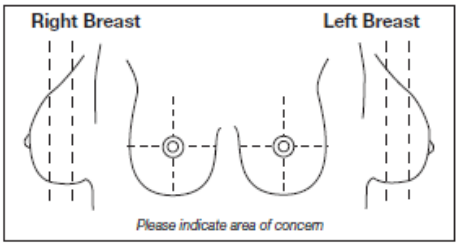
PURPOSE OF TODAY'S EXAMINATION:

☐ Annual examination to assess breast health

☐ Follow up to a prior thermogram that detected a sign of elevated risk or breast hormonal activity

☐ Follow up to help monitor a lump or other clinical finding found on another test

☐ Evaluate a new breast concern



HAVE THERE BEEN ANY CHANGES SINCE YOUR LAST SCAN?

_____

_____

_____

Did you discuss the results of your last scan with your primary doctor? Yes / No

Are you taking any new medications? Yes / No

If yes, what is the medication? _____

Have you had a mammogram since the last scan? Yes / No

What was the result of your mammogram? Positive / Negative or Abnormal

What was the date of your mammogram? _____

PATIENT DISCLOSURE

I understand that the report from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. I further understand that the report is not intended to be used by 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. By signing below, I certify that I have read and understand the statements above and consent to the examination.

Signature _____ **Today's Date** _____