



**thermography**  
clinic inc.  
Georgian Bay ~ Simcoe

Date of previous exam:

Right Breast Score:

Left Breast Score:

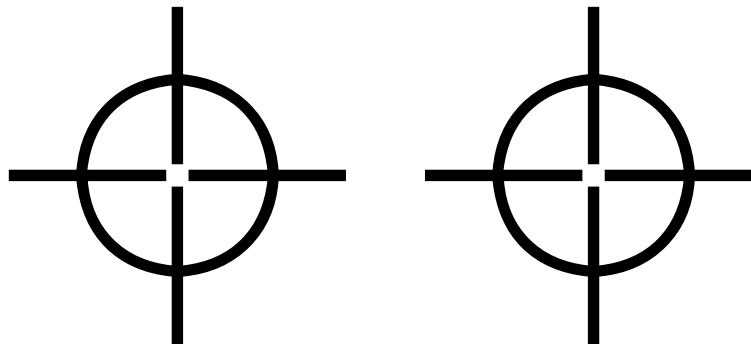
NAME: \_\_\_\_\_

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: \_\_\_\_\_