

Integrative Life Solutions Inc. Breast Thermography Client Information Sheet

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If this is a repeat scan, has your name changed? [Y] [N]

Today's DATE: _____

If yes, give your OLD name here: _____

NAME: _____ DATE OF BIRTH: _____
LAST FIRST MI. MM DD YYYY

PRESENT ADDRESS: _____

PHONES: HOME: _____ CELL: _____ WORK: _____

EMAIL ADDRESS: _____
(We never share email info) If you would like to receive other ILSI news and information emails, check here [].

How would you like to receive your report?

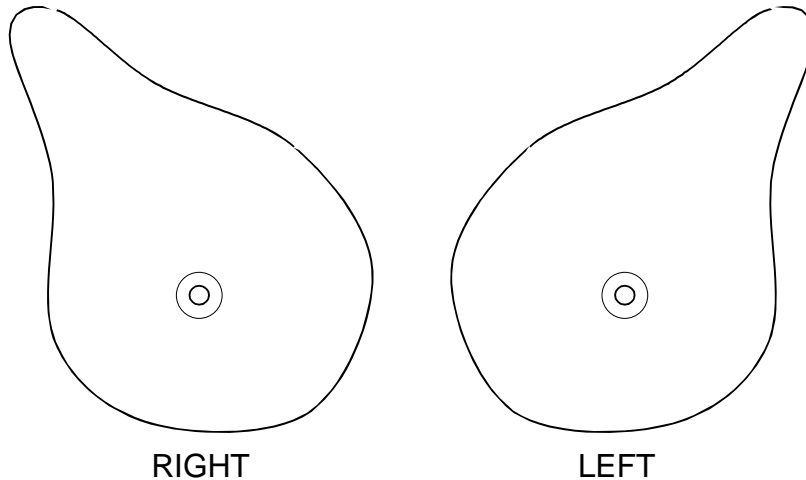
- [] Mail printed report and CD disc to address above.
[] Send as attachment to email address above (PDF format, about 3 MB size).

What practitioners would you like the report sent to (if any)? Give their contact information below:

Medical Information:

Close Relative with breast cancer? [Y] [N] Last Menstrual Period: _____

Show any breast problems or procedures on this diagram. Use the code letters below as a guide.
Write or draw in any other important medical information. If this is a repeat exam, explain any **new** changes.



- A - Abscess (state "old" or "active")
- B - Bruising (fresh or fading)
- C - Known sites of breast cancer
- D - Dermatitis (rash or other skin changes)
- G - Skin Graphics (tattoos)
- I - Breast Implant(s)
- L - Laceration (cuts or non-surgical scars)
- M - Mass or lump (benign or unknown)

- N - Nipple changes or discharge
- P - Painful area(s)
- Q - Piercings
- R - Radiation Therapy Areas on breasts
- S - Surgery sites (Lumpectomy, biopsy, etc.)
- T - Blunt Trauma sites on breasts
- U - Suspicious areas on Ultrasound or Mammography
- X - Mastectomy (complete breast removal)

Scan Time:	Thermographer	Interpreter

Client, please **sign here:** _____