



Breast Thermography Client Information Sheet

All information is kept confidential.

This form must be completed in full. Please write/print legibly.

Today's Date _____ Client Full Name _____

Have you had a previous thermographic scan at ILS? Y / N If yes, has your name changed since your last visit? Y / N

If yes, what was your previous name _____

Date of Birth (mm/dd/yyyy) _____

Street (Mailing) Address _____

City _____ State _____ Zip Code _____

Email address _____

Home phone _____ Cell phone _____

Emergency Contact Name/Phone _____

How would you like to receive your thermogram report?

Mail printed report and CD disk to current mailing address above.

Send as email attachment to email address above (PDF format, about 3 MB).

If you would like your report shared with a healthcare provider, please provide full name, mailing address or email address below:

Medical Information

Please show any breast problems, procedures and other important medical information on the breast diagram on the next page. Use the code letters from the list below as a guide. If this is a repeat breast scan, also note any *new* changes since your last scan.

A – Abscess (state “old” or “active”)

B – Bruising (fresh or fading)

C – Known site of breast cancer

D – Dermatitis (rash or other skin changes)

G – Skin graphics (tattoos)

I – Breast implants

L – Lacerations

M – Mass or lump (benign or unknown)

N – Nipple changes or discharge

P – Painful area(s)

Q – Piercings

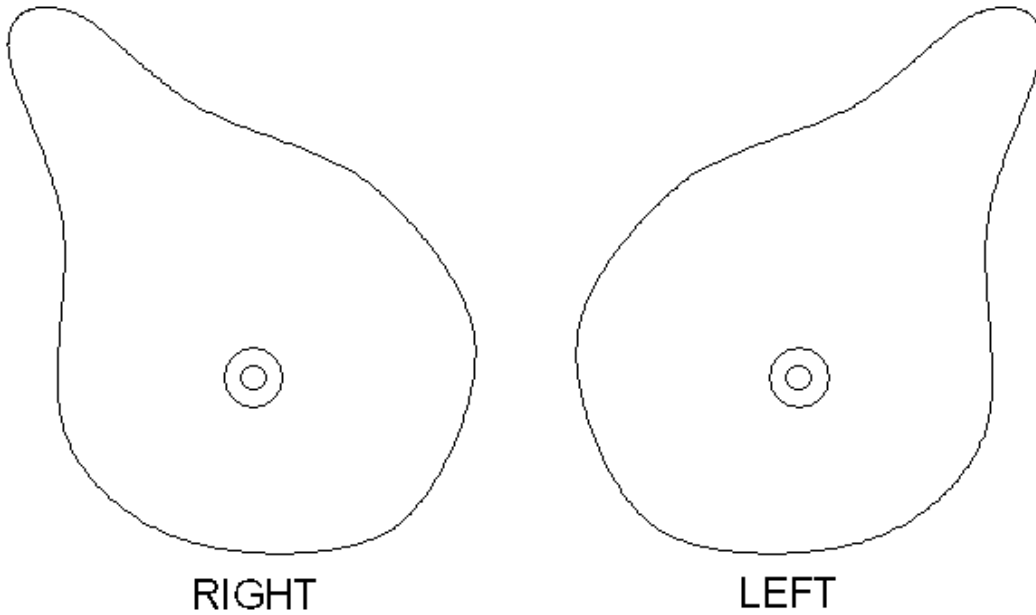
R – Radiation therapy areas

S – Surgery site (lumpectomy, biopsy, etc.)

T – Blunt trauma sites on breast

U – Suspicious area on ultrasound or mammogram

X – Mastectomy (complete removal of breast)



Do you have any close relatives who have or have had breast cancer? Y / N

If yes, please explain briefly _____

Are you now or have you ever breastfed a child? Y / N If yes, how old is your youngest child _____

Are you using *any* female hormones? Y / N

If yes, please explain briefly _____

Date of your last menstrual period _____

Client Signature (Full Name) _____

The boxes below will be filled out by the thermographer.

Scan time Thermographer Reader

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ICD

CPT

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Tcam =
Tstd =

Tcor = °F