

Follow-Up /Previously Imaged

Name: _____

Date of Birth: _____ Date of Exam: _____
mm/dd /yyyy mm/dd/yyyy

Date of previous exam: _____ mm/dd/yyyy
Right Breast Score: _____
Left Breast Score: _____

SINCE YOUR LAST THERMOGRAM HAVE YOU:

- Y N Been diagnosed with any breast conditions?
 None Fibrocystic Cystic Other _____

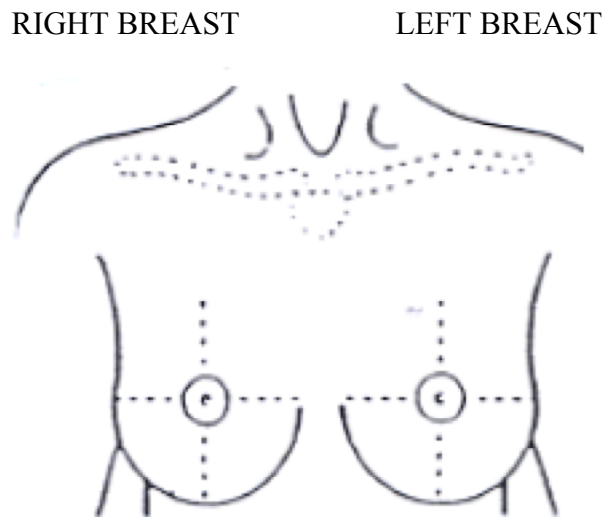
- Y N Had a mammogram? If so, please provide date _____
Was it: Normal Abnormal Suspicious Being watched R L Breast

- 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(s), finding on your mammogram, or area being watched, and an [X] in the area of pain, tenderness, thickening, or skin changes.



Please note any other concerns/issues that might have risen since your last thermogram:

Signature: _____