Body In Balance Thermography

7656 W Sahara Avenue, Suite 120
Las Vegas, NV 89117

Patient's Name:_____ **Date:**

Address:_____ **City:**
State:_____ **Zip:**
Phone #:_____ **Date of Birth:** _____ **Age:**
Sex:
Email:

Have you ever been diagnosed with breast cancer? ❒ Y ❒ N   Date:
❒ R ❒ L Breast

Do you have a family history of breast cancer? If yes, who?

Date of your last mammogram:
    Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Watchful – ❒ R ❒ L Breast

Date of your last breast ultrasound: _____ Were both breasts
imaged? ❒ Y ❒ N
    Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Watchful – ❒ R ❒ L Breast

Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI? ❒ Y ❒ N

Date of last breast exam by a doctor: _____ ❒ Normal ❒ Lump ❒
Thickening – ❒ R ❒ L
Any tests recommend after this last breast exam? (ex. mammogram)

Date of any breast biopsies:
❒ R ❒ L Breast
What was found on the biopsy? ❒ Cancer ❒ Other
❒ R ❒ L Breast
Any breast surgeries? Date and what was done?
❒ R ❒ L Breast
Have you had a mastectomy? ❒ Complete ❒ Partial Date:
❒ R ❒ L Breast
Was the nipple removed? ❒ Y ❒ N   Was the surface skin of the original breast
entirely removed? ❒ Y ❒ N
Any breast reconstruction? What was done? (ex. trans flap, implant)
❒ R ❒ L Breast
Any breast radiation treatment? Date of last treatment
❒ R ❒ L Breast

Are you currently pregnant? ❒ Y ❒ N   Are you currently nursing? ❒ Y ❒ N

Are you CURRENTLY experiencing any of the following with your breasts: ❒
None
❒ Lump ❒ Thickening (date found _____; found by ❒ Self breast
exam ❒ Doctor exam)
Pain: ❒ Dull ❒ Sharp ❒ Burning ❒ Stinging ❒ Tenderness ❒ The pain changes

with my cycle

❏ Thickening   ❏ Skin changes (❏ Color ❏ Texture ❏ Over the lump)

❏ R ❏ L Nipple discharge (❏ Bloody ❏ Milky ❏ Clear ❏ Through 1 duct ❏ Through multiple ducts)

❏ R ❏ L Nipple retraction (❏ For many years ❏ Recently) ❏ R ❏ L Nipple changes (❏ Color ❏ Texture)

❏ Other

Place an [O] on the diagram in the area of the <u>lump</u>. [M] for a <u>finding on your mammogram / ultrasound / MRI</u>. [W] for an <u>area being watched</u>. [X] in the area of <u>pain</u>, <u>tenderness</u>, or <u>skin changes</u>. [#] in the area of <u>thickening</u>. [+++] in the area of a <u>scar</u>

                         RIGHT   LEFT

❏ <u>Re-Exam</u>

High T:_____   Low T:_____   Tech:

Pt T = _____ F   Rm T = _____ C   ❏ R ❏ L Nipple retraction   ❏ R ❏ L Areola traction SLQ SMQ ILQ IMQ

❏ R ❏ L Skin surface bulge or dimple SLQ SMQ ILQ IMQ   ❏ R ❏ L Skin changes SLQ SMQ ILQ IMQ

❏ R ❏ L Nipple changes (❏ Color ❏ Texture)   ❏ R ❏ L Nipple discharge (❏ Bloody ❏ Milky ❏ Clear – S M)