

# Utah Thermography

Study Date \_\_\_\_\_

I.D. # \_\_\_\_\_

(Office use only)

Name \_\_\_\_\_  
Last First Middle

Address \_\_\_\_\_  
Number Street City State Zip

Home / Cell (\_\_\_\_) \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Physician's Name \_\_\_\_\_ MD DO ND DC

Physician's Address \_\_\_\_\_

1. Have you been diagnosed with BREAST cancer? NO YES If YES: Right Left  
Date of Diagnosis \_\_\_\_\_ Stage \_\_\_\_\_ Type of Cancer \_\_\_\_\_ Date of Last Treatment \_\_\_\_\_

2. Have you had any surgery (including implants) or biopsies on your breasts? NO YES If YES: Date \_\_\_\_\_  
Detail and indicate location(s) on the diagram on the reverse page.

3. Have you had abnormal results from any breast testing? NO YES If YES: Date(s) \_\_\_\_\_ Procedure  
type(s) \_\_\_\_\_ Right or Left Detail and indicate location on the diagram on the reverse page.

4. Have you been diagnosed with ovarian cancer? NO YES If YES: Date of Diagnosis \_\_\_\_\_  
Stage \_\_\_\_\_ Date of last treatment \_\_\_\_\_

5. Have you had surgery for the removal of both ovaries? NO YES If YES: Date of surgery \_\_\_\_\_

6. Has a *blood relative* had breast or ovarian cancer? NO YES If YES: Circle all that apply Mother Sister  
Daughter Aunt Cousin Grandmother Niece Other Were they diagnosed at age 40 or younger? NO YES

7. Have you ever had *radiation treatment(s)* (not x-ray) to your chest or back? NO YES If YES: Date(s) \_\_\_\_\_

8. Your age at first menstrual period \_\_\_\_\_ Date (or age) of your last menstrual period \_\_\_\_\_

9. Have you gained more than thirty (30) pounds of body weight after you completed menopause? NA NO YES

10. Have you ever used hormone contraceptives (Pill, Norplant, Depo-Provera)? NO YES If YES: Age you  
started \_\_\_\_\_ How many total years have you used these? \_\_\_\_\_  
Were four (4) of these total years before your first child birth? No Yes N/A

11. Are you now taking hormone contraceptives? NO YES Medication name \_\_\_\_\_

12. Are you now taking (or have taken in the past 3 months) prescribed estrogen hormones (HRT)? NO YES  
If YES: Medication name : \_\_\_\_\_

13. Age at first pregnancy \_\_\_\_\_ Age at first childbirth \_\_\_\_\_

14. Are you now pregnant? NO YES Are you breast feeding? NO YES IF YES: how long? \_\_\_\_\_

15. Did you breast feed any of your children for six (6) or more months? NO YES N/A

16. Have you ever had a thermology study of your breasts? NO YES If YES: Date and site name \_\_\_\_\_

17. Age at first mammogram \_\_\_\_\_ Number of mammograms in total \_\_\_\_\_ Date of last mammogram \_\_\_\_\_

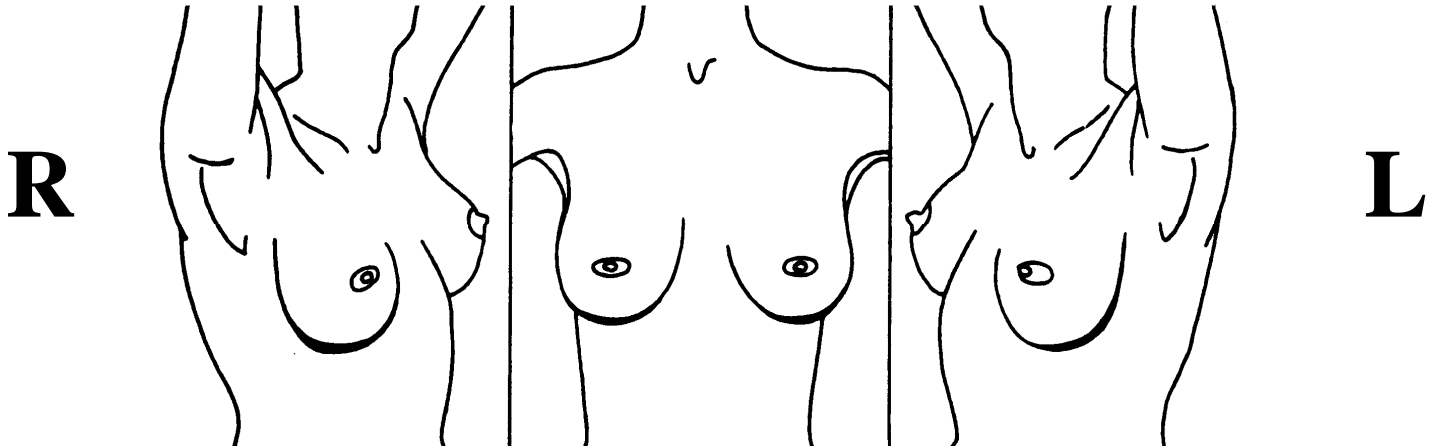
Patient Name

ID Number

Date

18. Have you recently had any discharge or secretions from your nipples?    NO    YES    If YES: Detail
19. Do you have a distortion and/or discoloration of your nipples or areolas?    NO    YES    If YES: Detail
20. Do you have any of the breast symptoms listed below?    NO    YES    If YES: please draw on diagram below
21. Are these symptoms related to your menstrual cycle?    NO    YES    NOT SURE

Please draw a line from the listed symptoms to the specific site



**RIGHT BREAST**

**LEFT BREAST**

- PAIN
- TENDERNESS
- LUMPS
- SKIN THICKENING
- SKIN DISCOLORATION
- CHANGES IN SHAPE
- CHANGES IN SIZE

- PAIN
- TENDERNESS
- LUMPS
- SKIN THICKENING
- SKIN DISCOLORATION
- CHANGES IN SHAPE
- CHANGES IN SIZE

“Thermology is a passive (no radiation exposure and no physical contact) procedure that involves the objective analysis of the body’s heat images. The thermology image data will be analyzed by specially trained medical professionals using a scientific method in order to obtain diagnostic indications that will be contained in a specific report. The thermology report is not itself a diagnosis (medical conclusion) but will contain medical information that may be important in the process of obtaining a diagnosis. The process of obtaining a diagnosis must involve the professional services of your personal physician(s) and other forms of diagnostic evaluation. A normal thermology report does not eliminate all possibility of breast disease. An abnormal thermology report does not itself conclude the presence of breast disease. The diagnostic power of thermology is additive with mammography, MRI, ultrasound and clinical examination. We encourage you to obtain the substantial benefits of combining the appropriate tests for breast disease with the guidance of your personal physician(s). Therma-Scan, Inc. can not function as your personal physician. Currently, thermology is not common practice in the United States and not all physicians in the US agree on the value of thermology. However, thermology has been recognized since 1971 by the US FDA as a diagnostic procedure for breast disease, diseases of blood vessels and nerve-based diseases and has routinely demonstrated real value among various medical specialists. With this release, you give permission for your thermology images to be included in various medical or scientific research projects with strict provisions that will protect the confidentiality of your personal information. Your signature below will acknowledge that you have read and understand this information, consent to the thermology procedure, data analysis and authorize us to release your thermology report to the physician(s) or others you have specified on this form.”

Sign \_\_\_\_\_ Date \_\_\_\_\_