

Patient Information: Breast and/or Full Body Scan

Name _____ Age _____ DOB _____

Address _____

Phone _____ Email _____

Occupation _____ Primary Care Doctor _____

Medications _____

Concerns today _____

Symptoms _____

Treatments _____

****PLEASE INCLUDE DATES****

Thermogram History No Yes If yes, when _____

Number of previous reports _____ Results _____

Mammogram / Ultrasound History _____

Family / breast disease _____

OB / GYN History _____

Surgical History _____

Diagnosis _____

Tattoos / piercings / wounds / scars / etc. _____

Patient Signature _____ Date _____

Patient name (Printed) _____

Email my report _____

Mail my report _____

Name: _____ Birthdate: _____
Address: _____ City: _____ Zip: _____
Email: _____
Phone: _____ Doctor: _____

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

Breast Thermography Confidential Questionnaire

- | | | |
|---|-----------|----------|
| 1. Do you have any close relatives who have had breast cancer? | yes _____ | no _____ |
| 2. Have you ever been diagnosed with breast cancer? | yes _____ | no _____ |
| 3. Have you ever been diagnosed with any other breast disease (fibrocystic)? | yes _____ | no _____ |
| 4. Have you had any biopsies or surgeries to your breasts? | yes _____ | no _____ |
| 5. Have you had any breast cosmetic surgeries or implants? | yes _____ | no _____ |
| 6. Have you had a mammogram in the past 12 months? | yes _____ | no _____ |
| 7. Have you had a mammogram in the past 5 years? | yes _____ | no _____ |
| 8. Have you had abnormal results from any breast testing? | yes _____ | no _____ |
| 9. Have you ever taken a contraceptive pill for more than one year? | yes _____ | no _____ |
| 10. Have you suffered with cancer of the womb? | yes _____ | no _____ |
| 11. Have you had pharmaceutical hormone replacement therapy? | yes _____ | no _____ |
| 12. Do you have an annual physical examination by a doctor? | yes _____ | no _____ |
| 13. Do you perform a monthly breast self-exam? | yes _____ | no _____ |
| 14. How many mammograms have you had in total? _____ | | |
| 15. How old were you when you had your first mammogram? _____ | | |
| 16. How many births have you had? _____ | | |
| 17. How old were you when you had your first child? _____ | | |
| 18. Did your periods begin before the age of 12? | | |
| 19. Did your periods finish after the age of 50? | | |
| 20. Do you smoke? yes _____ no _____ not in the 12 months _____ not in the last 5 years _____ | | |

Have you recently had any of these breast symptoms?

- | | | |
|--|--------------------|-------------------|
| - Pain | right breast _____ | left breast _____ |
| - Tenderness | right breast _____ | left breast _____ |
| - Lumps | right breast _____ | left breast _____ |
| - Change in breast size | right breast _____ | left breast _____ |
| - Areas of skin thickening or dimpling | right breast _____ | left breast _____ |
| - Secretions of the nipple | right breast _____ | left breast _____ |

PATIENT DISCLOSURE

I understand that the report generated from my images is intended for use by trained healthcare providers to assist in evaluation, diagnosis, and treatment. I further understand that the report is not intended to be used by individuals for self-evaluation or self-diagnosis. I realize that the report will not tell me whether I have any illnesses, diseases, or other conditions, but will serve as an analysis of the images with respect only to the thermographic findings discussed in the report. By signing below, I certify that I have read and understand the statements above and consent to the examination.

Signature: _____ Date: _____



All About Thermography, LLC

A mobile Thermography unit...

Patient Preparation Instructions:

*For the test you will be asked to change into a surgical gown in order for your skin temperature to equalize with that of the room. While this is happening, you will be given a medical history form to complete. Also, hair must be pinned away from the face and neck, and all jewelry should be removed.

Day of Test

-Avoid physical stimulation to all areas being scanned (this will increase blood flow and temperature and may interfere with results)

-Examples include: physical therapy, chiropractic adjustment, acupuncture, massage, and electromyography.

-Do not apply oils, lotions, powders, makeup, or deodorants (these will block the skin's surface and interfere with the ability of the thermal imaging equipment to register temperature)

-Avoid exposure to direct sunlight and/or indoor tanning

2 Hours Before Test

-Abstain from vigorous exercise

-Do not smoke

-Avoid consuming excessively hot or cold drinks and foods

*No change to diet or medications is necessary

NOTE = PLEASE RESCHEDULE IF YOU HAVE SUNBURN ON AREAS BEING SCANNED

Frequently Asked Questions:

What can I get scanned and are there any risks or side effects? Any part of the body can be scanned & the test is non-invasive, pain and radiation free, and involves no contact with your body. Thermal scans are completely **risk free!**

Is Thermography only for women? No. Thermography is safe for men, women, and children of all ages, and in all stages of health and wellness.

Do I have to remove all of my clothes? No. Only clothing covering areas being scanned must be removed, a surgical gown is provided to aid in your feeling of privacy and comfort.

What does my test reveal? Thermographers do not interpret findings, nor diagnose or treat any medical condition or disease (it is against the law). Trained Medical Doctors who are Board Certified Thermologists analyze your images and provide a report on the significance of the results. We recommend and encourage you to take a copy of the report to your healthcare provider to discuss any recommended further monitoring and/or treatment.

~www.allaboutthermography.com~

Services Provided by: Barbara Calcagni, CCT II

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Breast Health

It is important for you to know the first time you have a breast thermogram, it is just as important to have a follow-up study three months afterwards. The reason is, after three months have passed, your thermal imprint has become well-defined. This gives you a stable thermal pattern that provides your clinical marker, just like a fingerprint. Once this has been established, any changes can be detected during your routine once-a-year study. This aids in early detection and monitoring of abnormal changes.

If there are any physical changes in your breasts before your yearly study, call for another thermogram and then see your doctor. This test can provide the doctor with a specific area that particularly needs close examination. Remember with thermography, there is no radiation, so it is perfectly safe! Also, once your thermal pattern has been established, further imaging studies taken once a year can show any important physiological changes.

changes to physiology and developing pathology are the only things that can change a thermal imprint