

Be Wholistic with Paula, Inc. – Infrared Breast Imaging

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

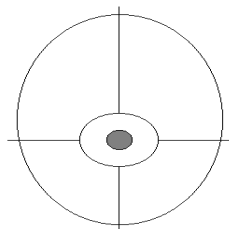
☐ Thickening ☐ Skin changes (☐ Color ☐ Texture ☐ Over the lump)

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

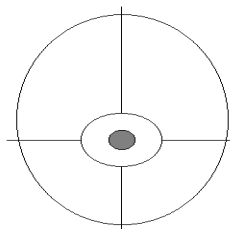
☐ R ☐ L Nipple retraction (☐ For many years ☐ Recently) ☐ R ☐ L Nipple changes (☐ Color ☐ Texture)

☐ Other _____

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



RIGHT



LEFT

☐ Re-Exam

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)