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Suzanne Sutherland
**THERMOGRAPHIC
• IMAGING •**

BREAST THERMOGRAPHY FOLLOW-UP

Name: _____

Date of Birth: _____
mm / dd / yyyy

Date of Exam: _____
mm / dd / yyyy

Date of previous exam: _____

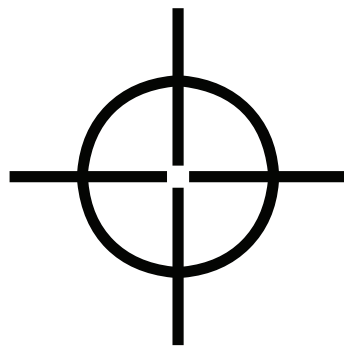
Right Breast Score: _____

Left Breast Score: _____

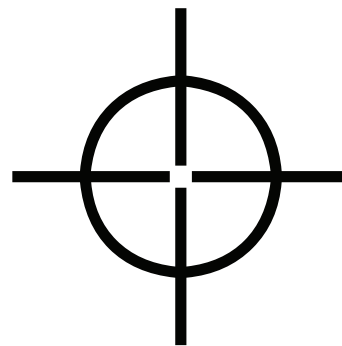
SINCE YOUR LAST THERMOGRAM HAVE YOU:

- ☐ 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, finding on your Mammogram, or area being watched, and an [X] in the area of pain, tenderness, thickening, or skin changes.



RIGHT BREAST



LEFT BREAST

Please note any other concerns/issues that might have arisen since your last Thermogram:

Signature: _____

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