



**PCRC – Infrared Breast Imaging**

Patient's Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: \_\_\_\_\_

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

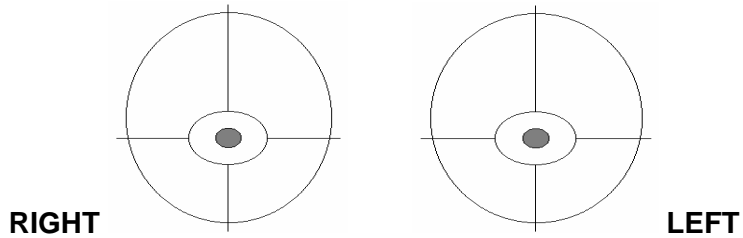
Any breast reconstruction? What was done? (ex. trans flap, implant) \_\_\_\_\_  R  L Breast

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 exact 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 scars



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)