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

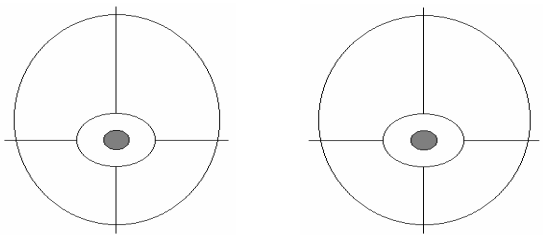
Was a follow up biopsy recommended after your LAST mammogram, ultrasound, or MRI? ❒ Y ❒ N

Date of last physical breast exam by a doctor: _____ ❒ NML ❒ 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,



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)