



Dr. Natalie Yahle, DC, CTT
American Academy of Thermology Physician Member Certified

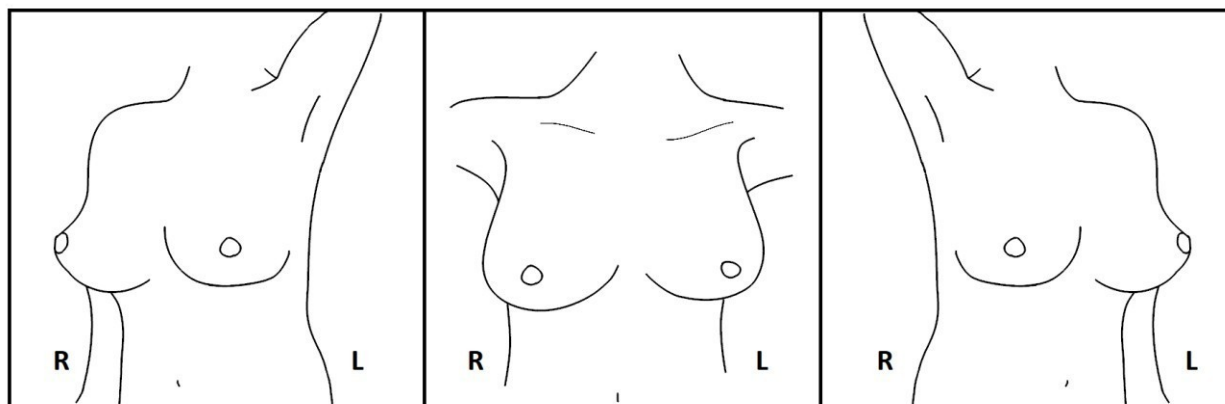
Breast Health History Form

Date of Scan: _____ Initial Follow Up

Name: _____ Age: _____ Date of Birth: _____

List the location and describe any breast concerns: _____

Mark on the diagram(s) below where the concern is:



Date of last physical breast exam by your healthcare provider: _____

Findings: _____

Date of last mammogram _____ Normal Abnormal: R L

Result _____

Do you have dense breasts: Y N Unsure

Date of last ultrasound _____ Normal Abnormal: R L

Result: _____

Date of last MRI _____ Normal Abnormal: R L

Result: _____



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Have you ever had a biopsy? Date: _____ Location: _____

Result: _____

Have you ever been diagnosed with breast cancer? Y N Date: _____

Location and Diagnosis: _____

Do you have a family history of breast cancer? Y N

Please check any breast surgeries you have had and list the date of the surgery:

Lumpectomy? Date: _____ Right breast Left breast Both

Mastectomy? Date: _____ Right breast Left breast Both

Was the nipple removed? Y N

Breast reconstruction? R side L side

Breast implants? Y N Right breast Left breast Both

Breast reduction? Y N

Do you have a history of breast radiation treatments? Y N R side L side Both

Date: _____

Do you have any inverted nipples? Y N R side L side Both

Are you experiencing any nipple discharge? Y N R side L side Describe: _____

Have there been any injuries to the chest wall or breasts? Y N Describe: _____

Are there any skin changes, rashes, or scars on the chest wall or breasts? Y N

Describe: _____



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Date of last menstrual cycle: _____

Are you pregnant? Y N Are you currently breastfeeding? Y N

Are you on birth control or hormone replacement therapy? Y N

Describe:

List any essential oils you use: _____

Do you eat or use any of the following more than 3 times per week:

- Tofu, edamame, tempeh, Soy Supplements and/or Soy based protein powders
- Drink cow's milk, eat cheese or use a whey based protein powder
- Flax seeds
- DHEA supplements, Black cohosh or supplements for hot flashes/menopause

List any medications you are currently on: _____

List any supplements you are currently taking: _____

Office use only

Technician: _____ Room Temp: _____ °C Patient Temp: _____



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Informed Consent

I, _____ acknowledge that the American Academy of Thermology
(PRINT NAME)

Internationally peer reviewed guidelines state the following in regards to infrared breast imaging:

“Thermal imaging is an examination of physiology that is complementary to anatomical imaging techniques. Though proven to be highly accurate, thermal imaging is an adjunctive procedure; and as such, it is not intended to replace anatomic studies such as mammography, ultrasound, MRI, CT, X-ray, or others.” _____

(INITIAL)

“Thermography utilizes infrared technology which does not see into the body. It does not image any structure deeper than the skin or superficial mucosa. The technology detects heat and measures temperature. A normal thermographic study does NOT necessarily indicate that there is no abnormality and an abnormal study should only be considered as a risk marker. Infrared imaging can only be considered as one part of the evaluative process.” _____

(INITIAL)

I have followed all pre-examination requirements that comply with the AAT internationally peer reviewed guidelines. I understand that failure to comply with the protocols set forth in the guidelines can compromise the examination. _____

(INITIAL)

Signed

Date