



**Alberta Thermography
&
Women's Holistic Clinic**
freedom to choose

13137-156 Street,
Edmonton, AB T5V 1V2

780.455.6123

Date of previous exam:

Right Breast Score:

Left Breast Score:

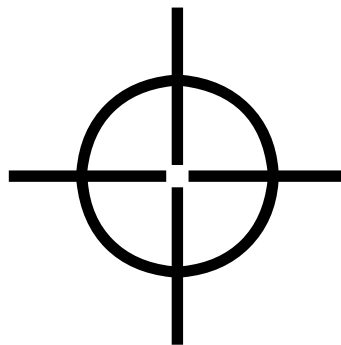
Name: _____

Date of Birth ____/____/____ Date of Exam: ____/____/____
mm / dd / yyyy mm / dd / yyyy

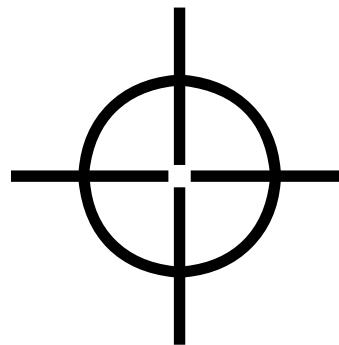
SINCE YOUR LAST THERMOGRAM HAVE YOU:

- 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 risen since your last thermogram: _____

Signature: _____