KEYS MEDICAL THERMOGRAPHY

# Breast Study

Keys Medical Thermography · (305) 797-7603 · info@keysmt.com · form version 10, 2026-10-16

Name _____ Birth Date _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone Number (home) _____ Phone Number (cellular) _____ Phone Number (work) _____

E-Mail Address _____

Referring Physician _____

Is there a specific reason or concern for this exam?

| | |
|---|---|
| Have you recently had any of these breast symptoms? (Mark only if "yes") | ☐ Yes ☐ No |
| Pain/Tenderness | ☐ LT ☐ RT |
| Lumps | ☐ LT ☐ RT |
| Change in breast size | ☐ LT ☐ RT |
| Areas of skin changes thickening or dimpling | ☐ LT ☐ RT |
| Excretions or changes of the nipple | ☐ LT ☐ RT |
| Are any of the above symptoms cycle related? | ☐ Yes ☐ No |
| Are you still having your periods? | ☐ Yes ☐ No |

*If yes:* Date of last period _____

Have you had a surgical hysterectomy? ☐ Yes ☐ No

*If yes, date* _____

☐ Complete ☐ Partial

Reason for hysterectomy? ☐ Excess bleeding ☐ Endometriosis ☐ Fibroid cysts ☐ Cancer ☐ Other

Has anyone in your family ever been treated for breast cancer? ☐ Yes ☐ No

*If yes, note age and survival* ☐ Mother ☐ Grandmother ☐ Sister ☐ Daughter

Age diagnosed _____

Result of Treatment _____

Have you ever been diagnosed with breast cancer? ☐ Yes ☐ No

*If yes, date:* Month _____ Year _____

Cancer type ☐ Local ☐ Metastatic ☐ Lymph node involvement

Left breast ☐ Inner ☐ Outer ☐ Nipple

Right breast ☐ Inner ☐ Outer ☐ Nipple

Treatment ☐ Surgery ☐ Chemo ☐ Radiation ☐ None

If Surgery; ☐ Mastectomy ☐ Lumpectomy

Have you ever been diagnosed with any other breast disease? ☐ Yes ☐ No

*If yes,* ☐ Cysts/fibrocystic ☐ Fibro Adenoma ☐ Mastitis/inflammatory breast disease

Have you had any cosmetic breast surgery or implants? ☐ Yes ☐ No

*If yes, date* _____

☐ Silicone ☐ Saline ☐ Reduction

Experience: ☐ Problems ☐ No problems

Have you ever had any biopsies or any other surgeries to your breasts ☐ Yes ☐ No

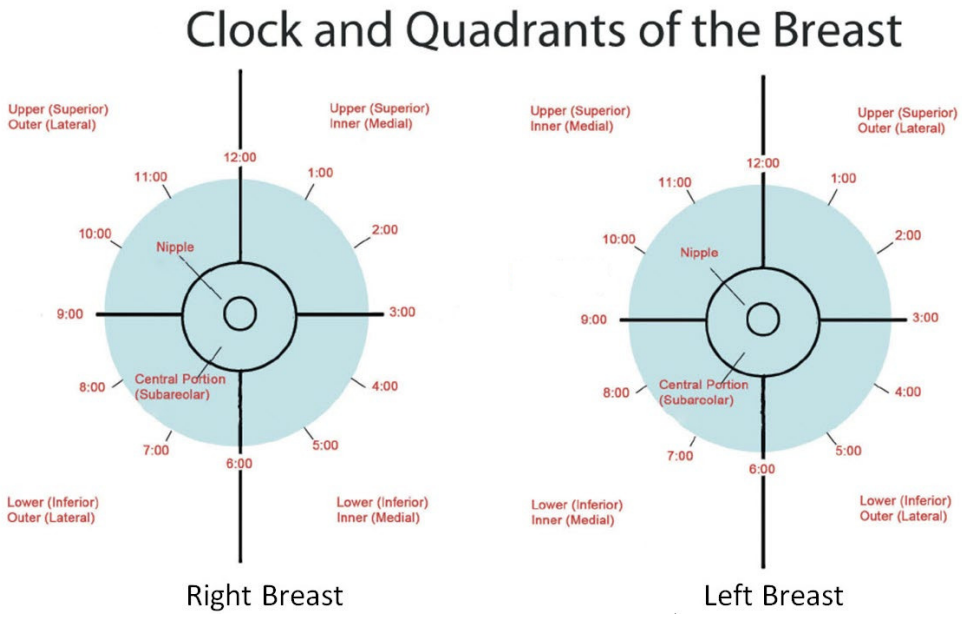
*If yes, date* _____

Left breast ☐ Inner ☐ Outer ☐ Nipple

Right breast ☐ Inner ☐ Outer ☐ Nipple

Results ☐ Negative ☐ Positive ☐ Calcifications

Mark on the following graph to indicate location of pain, surgery or lumps:




Have you ever taken contraceptive pills for more than one year? ☐ Yes ☐ No

*If yes,* ☐ Currently ☐ Less than 5 years ☐ More than 5 years

Have you had pharmaceutical hormone replacement therapy (HRT)? ☐ Yes ☐ No

*If yes,* ☐ Currently ☐ Less than 5 years ☐ More than 5 years

Do you have an annual physical examination by a doctor? ☐ Yes ☐ No

Do you perform a monthly breast self exam? ☐ Yes ☐ No

Have you ever smoked? ☐ Yes ☐ No

Have you ever been diagnosed with diabetes? ☐ Yes ☐ No

Total mammograms _____

Date of last mammogram _____

Were you re-called? ☐ Yes ☐ No

Your age at your first mammogram? _____

Number of full-term pregnancies? _____

Have you had breast ultrasound? ☐ Yes ☐ No

*If yes…Date:* _____

☐ Left ☐ Right

Results: ☐ Negative ☐ Positive

Have you had breast MRI? ☐ Yes ☐ No

*If yes…Date:* _____

☐ Left ☐ Right

Results: ☐ Negative ☐ Positive

Do you have any special concerns or are there any details related to the information above?

## Client/Patient Disclosure

- Thermography is non-contact, private, and non-invasive.
- It measures skin temperature patterns and provides information other tests cannot.
- Thermography does not replace mammography, ultrasound, MRI, or any other imaging.
- All breast tests are complementary; best practice is a multimodal approach.
- Thermography does not diagnose or treat any condition.
- An "Elevated Level of Concern" does not indicate suspicion for a specific disease.
- Any concerning finding will include a recommendation for further clinical evaluation.
- If you notice a lump or breast change at any time, contact your doctor promptly.

For clients with a prior cancer diagnosis:

- Thermography evaluates temperature patterns only.
- It does not monitor cancer or disease progression.
- Ongoing follow-up and additional testing with your physician is strongly advised.

About your Thermographer:

- Your thermographer may not be a licensed medical professional.
- Your thermographer cannot interpret images, diagnose, prescribe, or give medical advice.
- Your thermographer may collect health history and provide general breast-health education.

By signing below, I confirm that I have read and understand this disclosure and consent to the thermal examination.

Signature

Date