

CLIENT INTAKE FORM

Age____ First Name_____ Last Name_____ Date of Birth_____ Date_____

Do you examine your breasts?_____ Do you wear a bra with wires?_____ Do you wear antiperspirants?_____

When was the last time you had a physical breast exam by a Healthcare Provider?_____

Do you have Dense breasts?_____ Do you have Fibrocystic breasts?_____ Stress Level (0-5)_____

Is this your first Thermogram?_____ When was you last Mammogram?_____ Results_____

Have you had a Breast Ultrasound?_____ When?_____ Results_____

Have you had a Breast MRI?_____ When?_____ Results_____

Please provide copies of your latest Reports from the screenings above.

Age you had your first period?_____ Age of menopause_____ Have you had a Hysterectomy?_____ When?_____

Day One of your last cycle_____ Are your cycles regular?_____

Are you on Birth Control?_____ Pill?_____ IUD?_____ Are you taking hormones?_____ Synthetic?_____ Bioidentical_____

If the answer to the above questions is Yes, please indicate how long?_____

If you are not currently on Birth Control or Hormones, what is your history of Birth Control or Hormone Replacement?

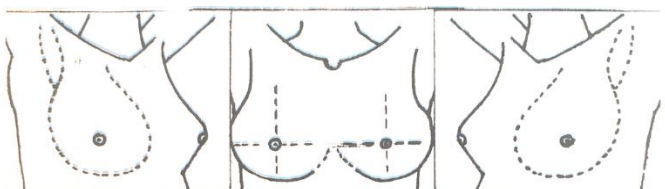
BC How Long?_____ HR How Long?_____ In Vitro Fertilization?_____

How many pregnancies?_____ # Full Term_____ # Miscarriages_____ # Terminated pregnancies_____

Have you notice any change(s) in your breasts? Check below all that apply:

	Right	Left	For How Long?
Pain			
Appearance			
Nipple Fluid			
Inverted Nipple			
Rash			
Other			

Please indicate on the diagram below where you have anything noteworthy (past or present), such as locations of cysts or cyst aspirations, biopsies, surgeries, skin problems, infections, calcifications, etc.



Please indicate below the procedures you have had and dates of these procedures:

	Right	Left	Date
Breast Reduction			
Breast Implants Silicone or Saline			
Breast Infection			
Radiation Treatment (Chest/Neck)			
Core Needle Biopsy			
Surgical Biopsy			
Lumpectomy			
Radiation Therapy			
Cyst Aspirated			
Mastectomy			
Injury to Breast			
COVID Vaccine			
Other Vaccines:			

