OC Breast Wellness
Changing the Future of Breast Exams

SureTouch BREAST EXAM

Breast Health History Form updated 8/1/2018

Patient's Name:_____ **Date:**_____ **Bra Size** _____

Address:_____ **City:**_____ **State:**____ **Zip:**_____

Home Phone #:_____ **Cell Phone**: _____**Date of Birth:** _____ **Age:**_____

Email Address:_____ **Last Menstrual Cycle Start Date:** _____

How did you find out about our services? Example: Google, Doctor, friend, etc. _____

Why did you choose OC Breast Wellness? _____

Do you have any family history of breast cancer? ❒ Self ❒ Mother ❒ Sister ❒ Daughter ❒ None
Maternal – ❒ Grandmother ❒ Aunt ❒ Cousin *Paternal* – ❒ Grandmother ❒ Aunt ❒ Cousin

Do you have any diagnosed breast conditions? ❒ None ❒ Fibrocystic ❒ Cystic ❒ Other _____

When was the date of your last mammogram? _____
Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Something is being watched – ❒ R ❒ L Breast

When was the date of your last breast ultrasound? _____ Were both breasts imaged? ❒ Y ❒ N
Was it: ❒ Normal ❒ Abnormal ❒ Suspicious ❒ Something is being watched – ❒ R ❒ L Breast
Date of last physical breast exam by a doctor _____ ❒ Normal ❒ Lump found – ❒ R ❒ L Breast

Any breast biopsies? When and what type (i.e. needle, excisional)? _____ ❒ R ❒ L Breast
What was found on the biopsy? ❒ Cancer ❒ Other _____ ❒ R ❒ L Breast

Any breast surgeries? When and what was done? _____ ❒ R ❒ L Breast
Have you had a mastectomy? If yes, when? _____ ❒ R ❒ L Breast

Any breast reconstruction? When and what was done? _____ ❒ R ❒ L Breast

If you have had any radiation treatment, when was it last performed? _____ ❒ R ❒ L Breast
Are you currently pregnant? ❒ Y ❒ N Current cycle day (number of days since first day of period) _____

If you've used birth control pills, at what age did you start? _____ How many years have you taken them? _____
Are you currently taking them? ❒ Y ❒ N

How many childbirths? _____ Did you breast feed? ❒ Y ❒ N

If you have passed menopause, at what age did it begin? _____
If you are taking hormone replacement, at what age did you start? _____ How many years taken? _____

Are you currently taking hormones? ❒ Y ❒ N (check only if by prescription): ❒ Estrogen ❒ Progesterone
Are you currently using herbs or supplements to stimulate or simulate estrogen? ❒ Y ❒ N

Are you currently using any other medications? If yes, what? (i.e. Tamoxifen) _____
Are you currently using a progesterone cream (applied to: ❒ Breasts only ❒ Rotating body areas) ❒ Y ❒ N

Have you had your ovaries removed? If yes, at what age? _____
Have you had your vitamin D levels checked? If yes, at what were the results? _____

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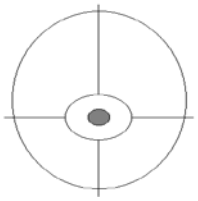
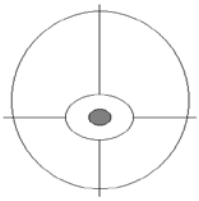
Continued

Are you experiencing any of the following with your breasts: ❒ None

❒ A Lump (date found _____; by ❒ Self ❒ Doctor. Is it ❒ Hard ❒ Soft ❒ Mobile ❒ Tender)
Pain: ❒ Dull ❒ Sharp ❒ Burning ❒ Stinging ❒ Tenderness ❒ The pain or tenderness 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 ❒ R ❒ L Nipple Changes (❒ Color ❒ Texture)
❒ Other _____

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

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_____ Physician's Name

_____ Physician's Phone Number

_____ Physician's Address

_____ Physician's City, State, Zip

_____ Specialist's Name

_____ Specialist's Phone Number

_____ Specialist's Address

_____ Specialist's City, State, Zip

Breast thermography is not a diagnostic procedure and should not be used as the sole means to breast abnormalities. It is only a screening procedure to aid in the detection of breast cancer and its precursors. Both false-negative and false-positive results have been experienced. _____
Initials

SureTouch is currently cleared by the FDA for documenting palpable breast lesions. The SureTouch system should not be used as a substitute of MRI, ultrasound, or breast biopsy. _____
initials