



WHOLISTIC
Thermography

Extended Breast Questionnaire

Name: _____

Date: _____

Diagnosed with Breast Cancer:

Cancer Type: Metastatic _____ Local _____ Lymph Node Involvement _____

When Diagnosed: Month _____ Year _____

Where (left breast): UO _____ UI _____ LO _____ LI _____ Nipple _____

Where (right Breast): UO _____ UI _____ LO _____ LI _____ Nipple _____

Treatment: Surgery _____ Chemo _____ Radiation _____ Other _____ None _____

Diagnosed with Other Breast Disease:

Disease type: Fibrocystic _____ Cystic _____ Mastitis _____ Abscess _____ Other _____

Please report other types of disease in the history

Breast Biopsies or Surgery:

Where (left breast): UO _____ UI _____ LO _____ LI _____ Nipple _____

Where (right Breast): UO _____ UI _____ LO _____ LI _____ Nipple _____

If you know the o'clock position of your biopsy or lump (ie: Left 1:00 o'clock) please indicate that here: _____

