



**PIEDMONT
PHYSICAL MEDICINE
& REHABILITATION, P.A.**

**317 ST. Francis Drive, #350, Greenville, SC. 29601 P (864)235-1834 Fax: (864)235-2486 piedmontpmr.com
*Matthew Terzella, M.D.***

~Complex, Chronic Pain

~Physical Medicine and Rehabilitation

~Regenerative & Vascular Medicine

Breast Pre-assessment Questionnaire

Please complete this questionnaire prior to you Breast Thermography evaluation and bring it with you on the date of the examination. Please answer all questions. Use the back of more space is needed.

1. Do you have a personal or family history of breast cancer? _____
If you personally have had breast cancer list location. _____
2. Are you aware of or have you been told you have any palpable masses? _____
If so, please list location. _____
3. Do you have any nipple discharge, inversion, or changes in the nipples? _____
If so, please describe. _____
4. Describe the location and the characteristics of any breast skin changes, areas of pain, burning, stinging, tenderness, or achiness. _____

5. List any history (include date and applicable sites) of breast surgery to include implants, lifts, reductions, biopsies, lumpectomies, mastectomies, or revisions and the diagnosis (benign or malignant). _____

6. Provide any history of breast radiation specific as to the site and the time frame. Beginning to end, also when it was performed. _____

7. Record any administration of pharmacologic agents for breast cancer. _____

8. List any hormones or birth control pills that you have taken or are currently taking. _____

9. Provide the date and the results of the most recent and prior mammogram, most recent breast MRI or ultrasound and the location of the breast study. _____

Patient Name: _____ Signature: _____
Date: _____



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Breast Thermography Consent and Release Form

I hereby acknowledge that I have asked Dr. Terzella or Dr. Schwartz to perform a Breast Thermography studies. Dr. Terzella or Dr. Schwartz did not solicit or recommend that I do this study instead of or to replace a conventionally accepted breast health test.

I understand that thermal imaging is an examination of physiology that is complimentary to anatomical imaging techniques. Though proven to be highly accurate, thermal imaging is an adjunctive procedure; and as such, it is not intended to replace anatomic studies such as mammography, ultrasound, MRI, CT, X-ray, or others.

I also understand that Thermography utilizes infrared technology which does not see into the body. It does not image any structure deeper than the skin or superficial mucosa. The technology detects that and measures temperature. A normal thermographic study does NOT necessarily indicate that there is no abnormality, and an abnormal study should only be considered as a risk marker. Infrared imaging can only be considered as one part of the evaluative process.

I understand that this is a SELF-PAY, non-refundable examination. I further understand that Breast Thermal Imaging may provide more useful information through serial study (no less than annual examinations).

SELF-PAY Amount: _____ Date: _____

Patient Name: _____ Signature: _____

Witness: _____



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Patient Breast Thermography Handout

You should read this handout prior to your examination and comply with all its provisions.

1. Complete the Breast Pre-assessment questionnaire prior and bring it with you on the date of the examination. Please answer all questions.
2. No yoga massage, or strenuous exercise (physical therapy) for at least 3 hours before the examination.
3. Avoid smoking for 2 hours before the exam.
4. No lotions, creams, powders, or make-up on the breasts the day of the exam.
5. Avoid application of underarm deodorants or antiperspirants.
6. Avoid underarm shaving the day of the examination.
7. Avoid extended sun exposure or sunburn the day before and the day of the exam.
8. No physical stimulation or treatment of the breasts, chest, neck or back for 24 hours prior to the examination (no chiropractic, acupuncture, TENS, electric muscle stimulation, ultrasound, massage, or ice/heat use.)
9. No bathing closer than 1 hour before the examination.
10. Continue to take all prescribed medications but provide a list of such medications and supplements to the technician at the time of the examination. Specifically notify the technician if beta blockers are being taken as a medication.