

KEEP COOL

THERMOGRAPHY



PREPARING FOR THERMAL IMAGING APPOINTMENT

Thank you for choosing **Keep Cool Thermography** as your source for thermal imaging and breast care. We look forward to meeting you and assisting you with this safe and effective procedure. It is important that you fill out these forms accurately and completely. Your scheduled appointment time takes into consideration that you have filled out your forms prior to the exam.

1. Please be at the office approximately 15 minutes before your appointment.
2. Make sure to bring this packet with you, filled out and complete (please PRINT).
3. DO NOT bring small children with you who cannot be left unattended.
4. Make sure you read and understand the informed consent form in this packet as it explains the procedure and your rights.
5. If you have ANY questions about your examination, call your testing center.
6. Please be prepared to pay for your examination at the time of your visit. Check, cash, and all major credit cards are accepted.

IMPORTANT PROTOCOLS

If you have a sunburn or fever, please call to reschedule.

24 hours prior to exam: avoid chiropractic care, physical therapy, massage therapy, acupuncture, saunas, steam baths, hot tubs, magnets, heating pads, hot water bottles, analgesic creams or balms, poultices, and do not shave.

12 hours prior to exam: do not stimulate the nipple in any way.

4 hours prior to exam: No coffee, tea, soda or other beverages or medications containing caffeine. No alcoholic beverages. Do not bathe or shower in HOT water. Do not perform any rigorous exercise program. Do not touch or rub any body part vigorously.

The day of the exam: do not use creams, lotions, ointments, deodorants, antiperspirants, powders or any other skin product. Do not smoke cigarettes or use any product which contains nicotine. Do not use any medication or natural supplement that causes flushing (i.e. Niacin).

Please wear jockstrap, G-string or bikini underwear to facilitate the examination.

Inform us if you have had chemotherapy or radiation treatment within the last 2 months.

Remove all piercings and jewelry prior to the exam. If your hair/bangs cover your forehead, bring a headband to hold it back away from the forehead. If you have long hair (touches the shoulders) bring a hairband to hold it off of the neck.

In preparation for your session, do not discontinue any medication or therapy without your doctor's permission.

Follow up Breast Health History

Name: _____ Age: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

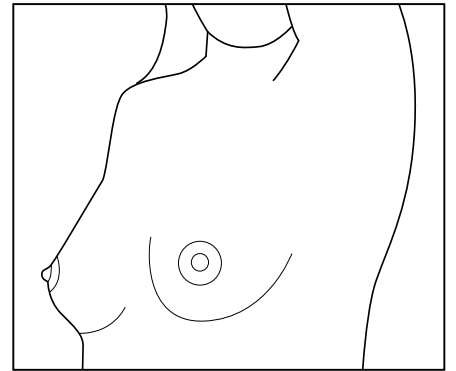
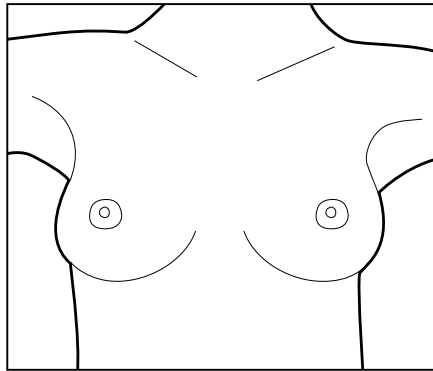
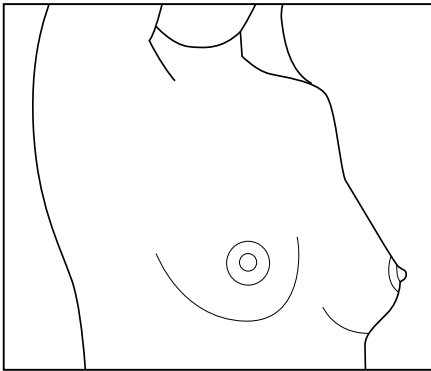
Daytime Phone #: _____ Date of Birth: _____ Sex: F M

PURPOSE OF THE EXAMINATION:

- Annual examination to assess breast health.
- Follow up to a prior thermogram that detected a sign of elevated risk or breast hormonal activity
- Follow up to help monitor a lump or other clinical finding found on another test

- Evaluate a new breast concern

MARK THE AREA OF ANY NEW CONCERN ON THE DIAGRAM:



Have you had any new breast examinations since your last thermogram? Y N

Physical Breast Examination: Date _____

Results: Normal Other _____

Mammogram: Date _____

Results: Normal Other _____

Other Breast Tests (Ultrasound, MRI or Biopsy etc.) List test, date and results

- Have you started or changed any doctor supervised treatment for breast health or hormonal balance since your last thermography examination including birth control pills? Y N

Describe: _____

- Have you started or changed any home treatment (lifestyle modification, diet, supplements) for breast health or hormonal balance since your last thermography examination? Y N

Please describe: _____

- New injury to the breasts: Provide date, description and location

- Have you begun taking any other medications since your last examination?

Please list: _____

- Have you begun breast feeding since your last examination? Y N

- Have you become pregnant since your last examination?

Y N If not, current cycle day (# of days since 1st day of period) _____

- Have you begun experiencing symptoms of menopause since your last examination? Y N

Age of last menses if it has stopped since last examination: _____

- Have both ovaries been removed since your last examination? Y N

- Has a family member developed breast cancer since your last examination?

Y N Who? _____

Doctor in charge of your breast health:

Name: _____

Address: _____

Zip: _____ Phone: _____

May we send your doctor the report? Y N

CONSENT FOR TESTING PROCEDURE

Thermal Imaging of the breasts (otherwise known as breast thermography) measures surface temperature and provides information which may be used to help determine current and/or future risk for breast disease. Thermography can not diagnose breast cancer or rule out its presence. Some cancers do not produce sufficient temperature changes at the surface of the breasts to be seen with thermography. It does not replace mammography or any other breast examination. Thermal Imaging has no known risks or side effects associated with its use. *Initial* _____

I authorize this clinic's personnel to perform this thermal imaging examination and to send the images to **Robert L. Kane, DC, DABCT** for interpretation. *Initial* _____

I have read and complied with the pre-examination instructions for proper thermal imaging. *Initial* _____

Print Name: _____ Signature: _____

Date: _____

PLEASE DO NOT WRITE IN THIS SECTION

Tech: _____ Patient Temp: _____ F Laboratory Temp: _____ C

OFFICE USE ONLY
