

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.

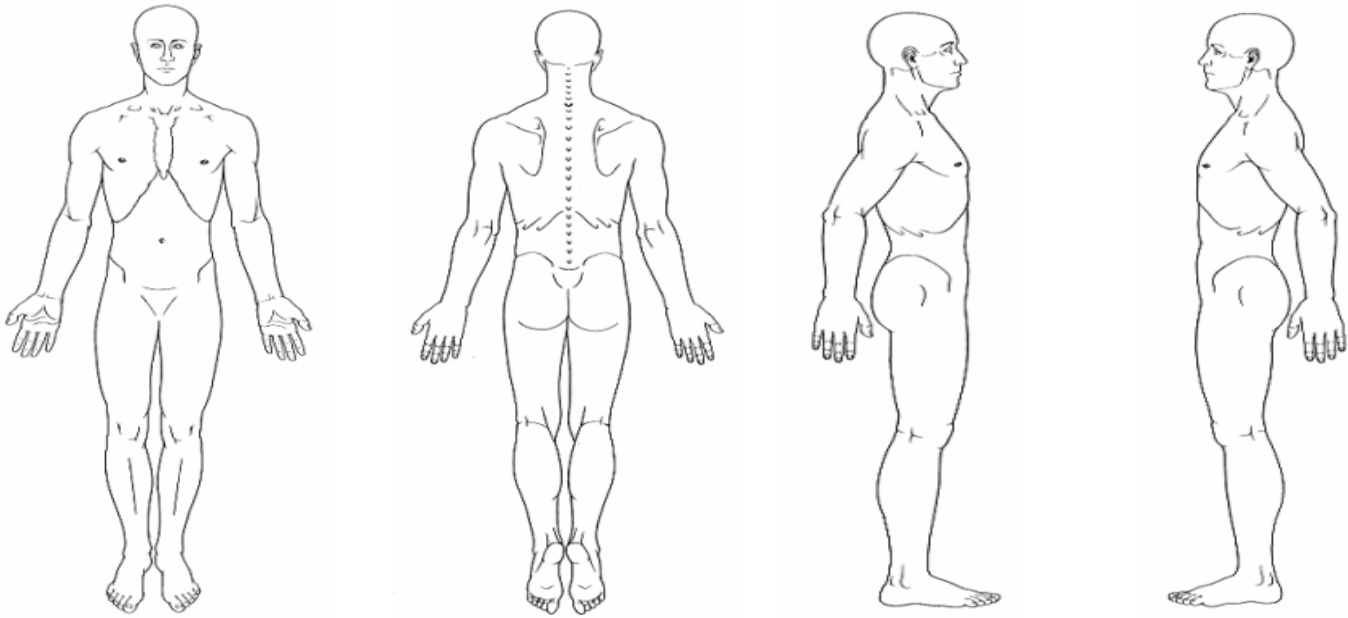
Remove all piercings and jewelry prior to the exam. If your hair/bangs cover your forehead, bring a headband to hold it back away from the forehead. If you have long hair (touches the shoulders) bring a hairband to hold it off of the neck.

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

Full Body and Pain History

Name: _____ Email: _____ Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Phone #: _____ Date of Birth: _____ Age: _____ Sex: _____
Referred by: _____

Mark the location of symptoms with an "X" and label it as sharp, dull, burning, aching, etc.



Please Note Level of Pain

0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10
Mild: Annoyance **Moderate: Some Limitations** **Severe: Pain Killers Needed**

Describe your symptoms: _____

How and when did this start? _____

Were you examined for this complaint? _____

Date and Results: _____

What increases your symptoms? _____

What decreases your symptoms? _____

What medications are you taking? _____

List any treatments you have had: _____

List any other medical conditions: _____

List any past surgeries: _____

List and describe the location of any rash or marking on your body: _____

Practitioner in charge of your health: Name: _____

Address: _____

Phone: _____ Zip _____

May we send him or her your report? Y N

Release for Testing Procedure

Thermal Imaging provides physiological and functional diagnostic information and does not replace any other diagnostic procedure.

I have read the above information and understand that I am not receiving a diagnosis based on my thermal scan. I authorize this clinic's personnel to perform this and all subsequent thermal imaging examinations.

I have complied with the pre-examination instructions for proper thermal imaging

Print Name _____ **Signature** _____ **Date** _____

Please do not write in this section

Initial Exam Re-Exam Tech _____

Patient T = _____ F Laboratory Temperature _____ C

Additional info: _____
