

Preparation Instructions for Breast Thermography

Thermography is infrared photography that reads heat emissions.
NO PAIN, NO RADIATION, NO CONTACT

Your body must be as neutral as possible to insure valid results.

NOTIFY the staff if you had any laser treatment (tattoos), surgery, chemotherapy, radiation or any other specialized therapies in the past 3 months, we may need to adjust your appointment for optimal results. Do you have any physical limitations or disabilities (sitting, standing raising your arms or legs)?

5 days before	NO natural or artificial tanning of any areas to be imaged. Sunburn of the underarms, front of neck, chest or breast area could interfere with the exam results. Allow to heal for at least 1-2 weeks.
24 hours before	If you get a significant fever (over 101°F), please call to reschedule.
	DO NOT shave areas to be imaged within 24 hours (under arms-etc.). DO NOT use a sauna, jacuzzi or steam-room. DO NOT use hot/cold packs directly contacting the breasts.
	NO self or clinical breast examinations (no squeezing). NO acupuncture, chiropractic or physical therapy. NO physical manipulation or compression of any areas to be examined. NO ultrasound therapy or use of tens (electrical stimulation). NO ultrasound, x-ray, mammograms, MRI, CT or PET scans.

On the Day of Your Appointment

NO powders on your breasts or underarms.
NO deodorants, skin creams, lotions, or perfumes.
WEAR loose fitting garments on the day of your exam.
REMOVE all jewelry and or piercings specific to areas being imaged.
IF NURSING, please complete 30 minutes before the exam, when possible.
DO NOT BRING babies or children, as it will affect the outcome of your exam.

6 hours before exam	NO energy drinks or bars. NO pain medications or aspirin. NOTIFY the staff if you have taken medications (blood pressure, alpha-blocker, circulation, anti-coagulants, aspirin or pain medication). CHECK with your doctor if changes to your schedule can be made.
2-3 hours before exam	DO NOT shower, bathe, exercise, swim in the sun or heated pool less than 3 hours before your exam. NO food or beverages (room temperature water only). NO smoking, vaping, chewing tobacco, chewing gum, mints or candies.

We Look Forward to Seeing You and Providing Your Thermography Services!

Please arrive early, allow extra time for traffic delays or if you need to complete your paperwork at the office. Call the office where you scheduled your appointment at least 24 hours in advance for any appointment changes to avoid a missed appointment fee of \$50 per instance. Check your email or text messages to contact your technician in case of a delay or an emergency



Thermography Wellness Center

Health History (Breast)

Patient Name:	Appointment Date:
Nickname:	Home Phone:
Address:	Cell Phone:
City/State/Zip: / /	Carrier (text alert) Att• TMBI • Vzn •
SS# (password code) xxx-xx- / / Gender: F M	Email:
Date of Birth: / / Age: /	Referred By:
Language:	Primary Doctor: (DC,DO, MD)
Race:	Occupation:

OFFICE USE : list last 3 exams with TH scores	OFFICE USE:
<input type="checkbox"/> B A 3m 6m 9m mo/yr: / / TH-	TWC TWCsd/CTA Mobile:
<input type="checkbox"/> B A 3m 6m 9m mo/yr: / / TH-	<input type="checkbox"/> EMAIL REPORT <input type="checkbox"/> PAPER REPORT
<input type="checkbox"/> B A 3m 6m 9m mo/yr: / / TH-	<input type="checkbox"/> Email Report +Audio <input type="checkbox"/> Paper Copy \$37
Breast Thermography #	<input type="checkbox"/> Email Copy \$35 <input type="checkbox"/> RUSH \$59
Notes:	<input type="checkbox"/> PhConsult-20min \$95 <input type="checkbox"/>
Due -month:	BB\$ HFT MKT GC PC add-ons \$
Mon Wed Fri	[cc] [ck# _____] [CASH] Total \$

HISTORY: R/L = Right/Left n/a = normal/abnormal (please circle what applies)	Notes:
<input type="checkbox"/> None Mammogram mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
<input type="checkbox"/> No updates Mammogram - 3D mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
R/L Breast Ultrasound mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
R/L Breast Biopsy <input type="checkbox"/> marker mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
R/L Breast Sonogram mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
Breast MRI mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
Breast CT mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
Breast PET mo/yr: / / n/a mo/yr: / / n/a mo/yr: / / n/a	
Blood Test – Cancer Markers mo/yr: / / n/a mo/yr: / / n/a	
Salvia Test – Hormones mo/yr: / / n/a mo/yr: / / n/a	
mo/yr: / / n/a mo/yr: / / n/a	

# _____ reports provided	

PROCEDURES: R/L = Right/Left (please circle what applies)	Notes:
<input type="checkbox"/> None R/L Implants - silicone mo/yr: / / R/L Reduction mo/yr: / /	
<input type="checkbox"/> No updates R/L Implants - saline mo/yr: / / R/L Repair mo/yr: / /	
R/L Lift mo/yr: / / R/L Implants Removed mo/yr: / /	
R/L Reconstruction mo/yr: / / R/L mo/yr: / /	

# _____ reports provided	

DIAGNOSIS/CONDITIONS: R/L = Right/Left (please circle what applies)	Notes:
<input type="checkbox"/> None R/L Abscess mo/yr: / / R/L Fibro adenoma mo/yr: / /	
<input type="checkbox"/> No updates R/L Calcifications mo/yr: / / R/L Padget Disease mo/yr: / /	
R/L Cystic/ Fibrocystic mo/yr: / / R/L Scar Tissue mo/yr: / /	
R/L Dense Tissue mo/yr: / / R/L Toxicity Syndrome mo/yr: / /	
R/L mo/yr: / / R/L mo/yr: / /	
R/L Estrogen+/Progesterone+ mo/yr: / /	
R/L HER2 positive Breast Cancer mo/yr: / /	
R/L IBC Inflammatory Breast Cancer mo/yr: / /	
R/L Ductal Carcinoma or Ductal Carcinoma In Situ mo/yr: / /	
R/L Lobular Carcinoma or Ductal Carcinoma In Situ mo/yr: / /	
R/L Metastatic Breast Cancer mo/yr: / /	
R/L Papillary Carcinoma mo/yr: / /	
R/L Triple Negative Breast Cancer mo/yr: / /	
R/L mo/yr: / /	
R/L mo/yr: / /	
# _____ reports provided	

Patient Name: _____

DOB: _____

Appointment Date: _____

CANCER TREATMENT/SURGERIES: R/L = Right/Left (please circle what applies)

- | | | | | |
|-------------------------------------|----------------------|----------------|-----------------------|----------------|
| <input type="checkbox"/> None | R/L CBD/RSO Therapy | mo/yr: ___/___ | Cryo/Infrared Therapy | mo/yr: ___/___ |
| <input type="checkbox"/> No updates | R/L Natural Salve | mo/yr: ___/___ | Iodine Therapy | mo/yr: ___/___ |
| | R/L Ductal Lavage | mo/yr: ___/___ | Immune Therapy | mo/yr: ___/___ |
| | R/L Laser | mo/yr: ___/___ | Oxygen Therapy | mo/yr: ___/___ |
| | R/L Lumpectomy | mo/yr: ___/___ | Nutrition/Supplements | mo/yr: ___/___ |
| | R/L Mastectomy | mo/yr: ___/___ | Chemotherapy | mo/yr: ___/___ |
| | R/L Proton Radiation | mo/yr: ___/___ | Hormone Drugs | mo/yr: ___/___ |
| | R/L Radiation | mo/yr: ___/___ | Clinical Trial Drugs | mo/yr: ___/___ |
| | R/L Reconstruction | mo/yr: ___/___ | | mo/yr: ___/___ |

Notes:

___ reports provided

Please explain:

FAMILY HISTORY: Breast cancer in family? (please circle what applies)

- | | | | | | |
|-------------------------------------|-----------------------|-------------|--------|---------|--------------------------|
| <input type="checkbox"/> None | Familial: Mother | Father | Sister | Brother | <input type="checkbox"/> |
| <input type="checkbox"/> Unknown | Maternal: Grandmother | Grandfather | Aunt | Uncle | Cousin |
| <input type="checkbox"/> No updates | Paternal: Grandmother | Grandfather | Aunt | Uncle | Cousin |

Notes:

- HER2+
- BRCA1
- BRCA2

HORMONE REPLACEMENT: S/B/H = Synthetic Bio-Identical Herbs/Supplements (please circle)

- | | | | | |
|-------------------------------------|----------------|--------------------|--------------------|---------------|
| <input type="checkbox"/> None | S/B/H Estrogen | S/B/H Progesterone | S/B/H Testosterone | S/B/H Thyroid |
| <input type="checkbox"/> No updates | S/B/H | | S/B/H | |

Notes:

WOMEN: At what age did periods begin: ___ Current Cycle, day #: ___ (please circle what applies)

- | | | |
|-------------------------------------|--|--------------------------|
| <input type="checkbox"/> None | Currently pregnant: Age at 1 st full term pregnancy ___ | # pregnancies: ___ |
| <input type="checkbox"/> No updates | Pre-menopause at Age: ___ | Menopause at Age: ___ |
| | Ovaries removed at Age: ___ | Hysterectomy at Age: ___ |

Notes:

BIRTH CONTROL: C/P = Currently Using /Previously Used (please circle what applies)

- | | | | | |
|-------------------------------------|-------------------|-------------------------|----------------|-------------------|
| <input type="checkbox"/> None | C/P Cervical Cap | C/P Injection | C/P Patch | C/P Sponge |
| <input type="checkbox"/> No updates | C/P Diaphragm | C/P Implant | C/P Pill | C/P Sterilization |
| | C/P Emergency | C/P Intrauterine Device | C/P Spermicide | C/P Vaginal Ring |
| | C/P Female Condom | C/P Natural Planning | C/P | |

How long used/using:

MEDICATIONS:

- | | | |
|-------------------------------------|-------|-------|
| <input type="checkbox"/> None | _____ | _____ |
| <input type="checkbox"/> No updates | _____ | _____ |

Notes:

SUPPLEMENTS/HERBS:

- | | |
|-------------------------------------|--|
| <input type="checkbox"/> None | Multi-Vitamins; A, B, B-12, C, D, E, K |
| <input type="checkbox"/> No updates | _____ |

Notes:

Patient Name: _____

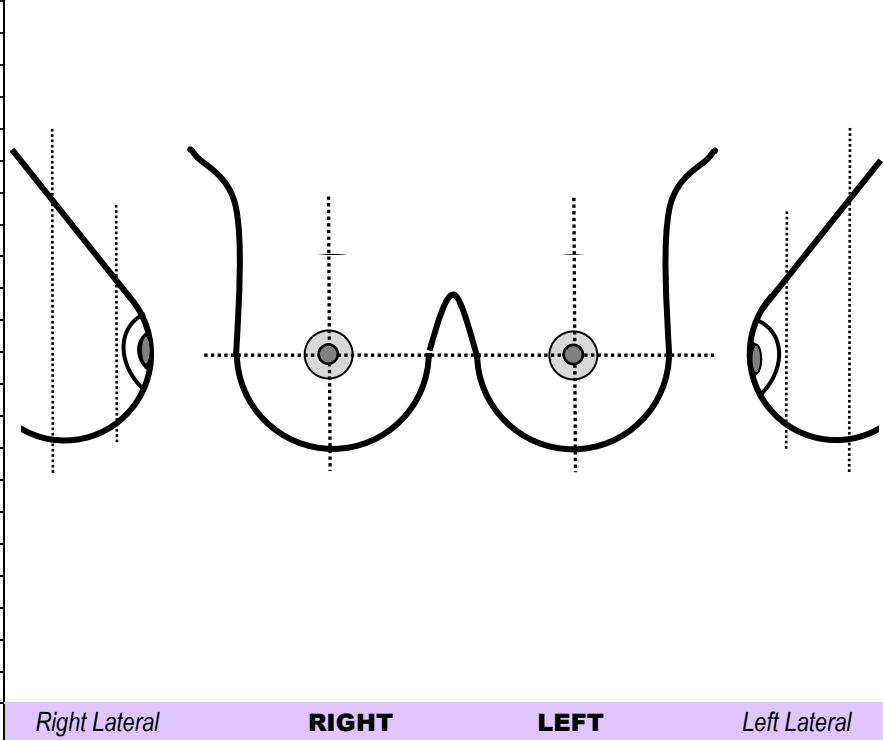
DOB: _____

Appointment Date: _____

DIAGRAM condition and symptoms by the item #, using a dot, cross, circle arrow, etc. Please indicate when or how long symptom/condition has existed. NOTE the symptom/condition box, with a letter code for the frequency, using the following; to indicate frequency "X"; A=Always F=Frequent I=Intermittent O=Occasional

RIGHT BREAST X

- Historically larger
- NO CONDITIONS
- 1 Bruising
- 2 Infection
- 3 Itching
- 4 Injury
- 5 Lump
- 6 Lump with pain
- 7 Marker
- 8 Nipple-tender
- 9 Nipple-inverted
- 10 Pain dull
- 11 Pain sharp
- 12 Pressure
- 13 Prickling
- 14 Rash
- 15 Scar Tissue
- 16 Skin-dimpling
- 17 Skin-discolored
- 18 Skin-scaly
- 19 Skin-reddening
- 20 Swollen
- 21 Tattoo(s)
- 22 Piercing(s)
- 23 Tenderness



LEFT BREAST X

- Historically larger
- NO CONDITIONS
- 1 Bruising
- 2 Infection
- 3 Itching
- 4 Injury
- 5 Lump
- 6 Lump with pain
- 7 Marker
- 8 Nipple-tender
- 9 Nipple-inverted
- 10 Pain dull
- 11 Pain sharp
- 12 Pressure
- 13 Prickling
- 14 Rash
- 15 Scar Tissue
- 16 Skin-dimpling
- 17 Skin-discolored
- 18 Skin-scaly
- 19 Skin-reddening
- 20 Swollen
- 21 Tattoo(s)
- 22 Piercing(s)
- 23 Tenderness

24 Nipple-discharge [clear] [yellow] [brown] [bloody]		24 Nipple-discharge [clear] [yellow] [brown] [bloody]	
25 Breast shape recently changed: _____		25 Breast shape recently changed: _____	
26 Breast size recently changed: [smaller] [larger]		26 Breast size recently changed: [smaller] [larger]	
27 _____		27 _____	

Please explain (how long and duration)

INJURIES: Any breast/chest injuries throughout your life? (please circle what applies)

None R/L Auto Accident mo/yr: ___/___ R/L Parenting mo/yr: ___/___

No changes R/L Chemical Exposure mo/yr: ___/___ R/L Sports/Hobbies mo/yr: ___/___

 R/L Occupational mo/yr: ___/___ R/L mo/yr: ___/___

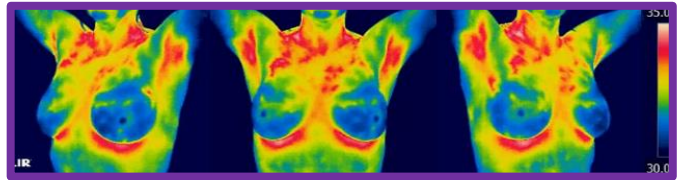
Notes:

OFFICE USE:	VITALS	NOTES:
Certified Clinical Thermologist Dr. Claire H. O'Neill DC, FICCT, BCCT CTT:	BP (normal)	
	Pulse Resp.	
	Ht. °F	
	Wt. / °C	

01-TWC - PREP_Health History (Breast) 2019 Rev 2-29-19.Docx

Thermography Wellness Center

Infrared breast thermography is non-invasive, radiation free with no injections and no compression.



Other diagnostic equipment only detects a mass, but Thermography screens for cancer growth through temperatures, thermal and vascular patterns. We use the “Breast Stress Study” system which catches these physiological changes and indicators that can be highly accurate.

... peace of mind through safe and early detection.

WHAT IS THERMOGRAPHY? ... it's the best way to follow your breast health! Infrared thermography is exceptional in catching breast cancer within the first year of development, as well as detecting and recording more advanced stages of breast malignancy. Infrared thermal imaging shows subtle and dramatic temperature difference along with thermal and vascular patterns that correlate with various types of Breast Pathology. Thermography is of great value in monitoring the effectiveness of thermal protocols.

Please tell your families and friends of this ‘Life Saving Technology’! It is safe for all ages of; Men, Women, young teens, breast cancer patients, survivors, pregnant-nursing mothers, and breast implant recipients.

HIPAA Notice of Privacy Practices

How We Collect Information About You: Thermography Wellness Center and its employees collect data through a variety of means including but not necessarily limited to letters, phone calls, emails, voice mails, the intake form and any medical information provided.

What We Do with Your Information: Your information is held in strictest confidence. We do not give out, disseminate any information about patients that confidential, is restricted by law, or has been specifically restricted by a patient/client in a signed HIPAA consent form.

How We Use Your Information: Information is only used to provide you with health services which may require communication between us other health care providers and insurance providers necessary to: verify your medical information is accurate.

Information We Do Not Collect: We do not use cookies on our website to collect data from our site visitors.

Limited Right to Use Non-Identifying Personal Information from Biographies, Letters, Notes, and Other Sources: Any pictures, stories, letters, biographies, correspondence, or thank you notes sent to us become the exclusive property of TWC. We reserve the right to use non-identifying information about our clients (those who receive services or goods from us) for research, education, training, informational and marketing purposes. Clients will not be compensated for use of this information and no identifying information (photos, addresses, phone numbers, contact information, last names or uniquely identifiable names) will be used.

You may specifically request that NO information be used whatsoever for research/information/marketing purposes, but you must identify any requested restrictions in writing below. We respect your right to privacy and assure you no identifying information or images will ever be publicly used.

- TWC may use my non-identifying images for research, education, training or informational purposes.
- TWC may use my written, photo, video and/or audio testimonials for marketing purposes.
- TWC may not use my non-identifying images for research, education or informational purposes.

Clearly Print Your Name

Patient Signature

Date