

# Preparation Guide – Women’s Breast Thermography

## Bring This Form with You - Do Not E-Mail Back

**Infrared Thermography Measures Your Body's Radiant Heat Emission Patterns.  
Your Body Must Be As Neutral As Possible To Ensure Valid Results.**

**NOTIFY US** if you have had any chemotherapy, laser treatments (tattoos), radiation, surgery or any other specialized procedures or therapies in the past three months, to reschedule your appointment.

<b>5 days before</b>	<b>AVOID</b> natural or artificial tanning of any areas to be imaged. Allow 1-2 weeks to heal sunburned areas.
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### If You Get A Significant Fever (Over 101 °F) Please Call Us To Reschedule

<b>24 hours before</b>	<p><b>DO NOT</b> shave areas to be imaged within 24 hours.</p> <p><b>DO NOT</b> use a sauna, jacuzzi, infrared therapy or steam room.</p> <p><b>DO NOT</b> use hot/cold packs on the areas to be imaged.</p> <p><b>NO</b> bleaching, henna tattoos, massage or waxing of any areas to be imaged.</p> <p><b>NO</b> acupuncture, chiropractic, or physical therapy.</p> <p><b>NO</b> compression or physical manipulation of any areas to be examined.</p> <p><b>NO</b> ultrasound or tens therapy (electrical stimulation).</p> <p><b>NO</b> CT, MRI, PET scans, Ultrasound or X-rays.</p>
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### On The Day Of Your Appointment...

<p><b>NO</b> deodorant, colognes/perfumes, lotions, powders or skin cream.</p> <p><b>WEAR</b> loose-fitting garments on the day of your exam.</p> <p><b>REMOVE</b> jewelry and or piercings specific to the areas being imaged.</p> <p><b>DO NOT BRING</b> babies or children, as it will affect the outcome of your exam.</p>	
<b>6 hours before</b>	<p><b>NO</b> energy drinks or protein bars.</p> <p><b>AVOID</b> aspirin, balms or mild pain medications.</p> <p><b>NOTIFY</b> the staff if you have taken medications.</p>
<b>2-3 hours before</b>	<p><b>AVOID</b> exercise, hot bath/showers or swimming in the sun or heated pool.</p> <p><b>NO</b> beverages or food (room temperature water only).</p> <p><b>NO</b> candies, chewing gum, mints, smoking, vaping, or chewing tobacco.</p>

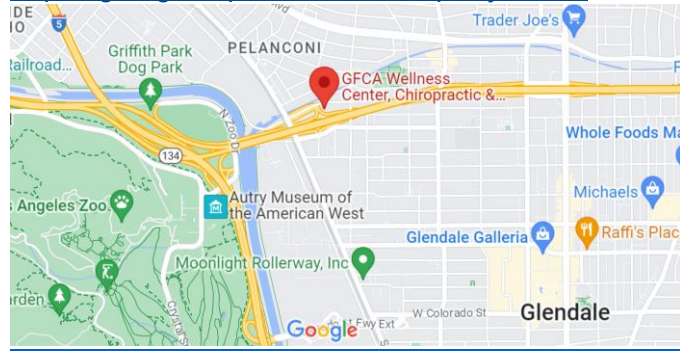
### WE LOOK FORWARD TO PROVIDING YOUR THERMOGRAPHY SERVICER

Please Plan on arriving early or contact us as soon as you can in case of an emergency. Allow enough time for traffic delays and to complete your paperwork at the office. Call at least 24 hours in advance for any schedule changes to avoid a missed appointment fee of \$89.

# Thermography Wellness Centers

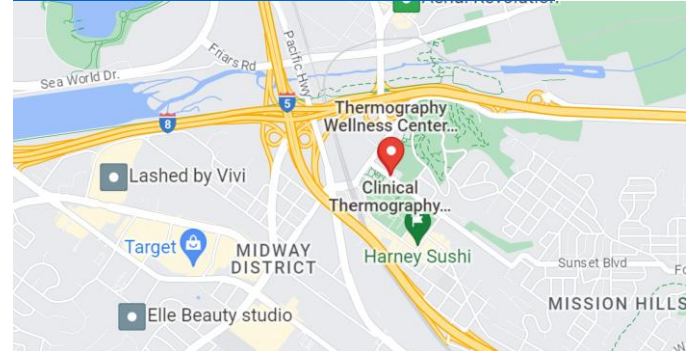
**Thermography Wellness Center 323.662.2891 833.484.3767**  
**770 Fairmont Ave #102, Glendale, CA 91203**

<https://goo.gl/maps/VwCE5UmbqQmjkMFZ9>



**Thermography Wellness Center Old Town 619-269-8360**  
**2802 Juan St. Ste 24A San Diego CA 92110**

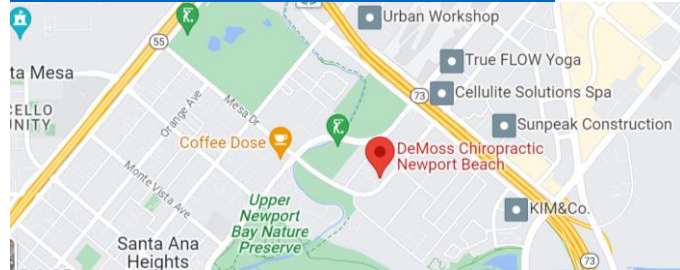
<https://goo.gl/maps/2L9L3Hy6as74Sb7K8>



## Mobile Locations

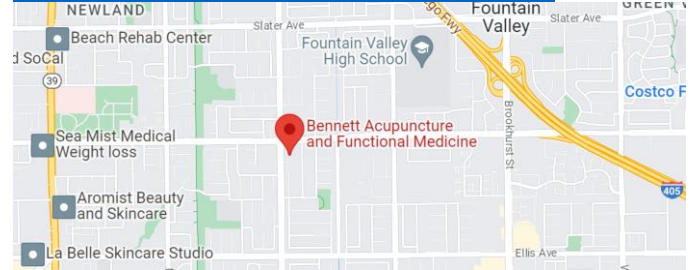
**DeMoss Chiropractic 949-250-0600**  
**20321 SW Birch Street, St.100 Newport Beach, CA 92660**

<https://goo.gl/maps/xCvgsHnQKyRhqA8i7>



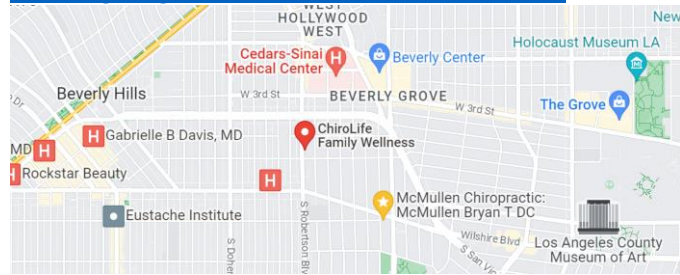
**Bennett Acupuncture 714-962-5031**  
**18046 Magnolia Avenue, Fountain Valley, CA 92708**

<https://q.page/BennettAcupuncture?share>



**Chiro Life Family Wellness 310-295-0253**  
**250 N. Robertson Blvd Ste. 402, Beverly Hills, CA 90211**

<https://goo.gl/maps/KE1spZzmPu1aVJ5w6>



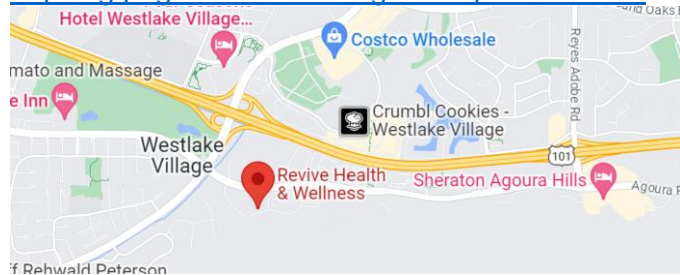
**Back To Health Chiropractic 661-250-1517**  
**26505 Carl Boyer Dr, Santa Clarita, CA 91350**

<https://goo.gl/maps/G129hgizGGhUxLta8>



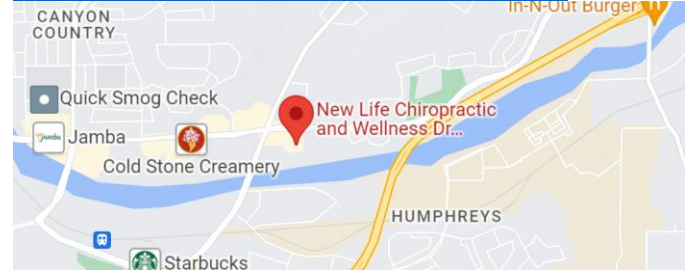
**Revive Family Health 818-851-9008**  
**31225 La Baya Dr Ste 202, Westlake Village, CA 91362**

<https://q.page/WestlakeVillageChiropracto?share>



**New Life Chiropractic and Wellness 661-298-2700**  
**18352 Soledad Canyon Rd, Santa Clarita, CA 91387**

<https://goo.gl/maps/2fEJRZ2oY3BW5vCa9>



# Thermography Wellness Center

## Health History (Breast)

<b>Patient Name:</b> _____	<b>Appointment Date:</b> _____
Nickname: _____	<b>Home Phone:</b> _____
<b>Address:</b> _____	<b>Cell Phone:</b> _____
<b>City/State/Zip:</b> _____ / _____ / _____	<b>Carrier (text alerts)</b> Att• TMBI • VzN • _____
<b>Gender:</b> Female Male	<b>Email:</b> _____
<b>Date of Birth:</b> _____ <b>Age:</b> _____	<b>Referred By:</b> _____
<b>Language:</b> _____	<b>Primary Doctor:</b> _____ (DC, DO, MD, ND)
<b>Race:</b> _____	<b>Occupation:</b> _____

OFFICE USE:				<input type="checkbox"/> EMAIL REPORT	<input type="checkbox"/> PAPER REPORT	[BB] [BS] [HFT] [GC] [PC]
	NEW	3 - 6 - 9 - 12	1yr	3+yr	HOT	
	J	F	M	A	M	J
	J	J	A	S	O	N
	D	Mon	Wed	Fri		
					<input type="checkbox"/> Email +Audio	<input type="checkbox"/> Paper Copy \$35
					<input type="checkbox"/> Email Copy \$35	<input type="checkbox"/> RUSH
					<input type="checkbox"/> Ph Consult -20min	<input type="checkbox"/> Audio +\$35/rgn
					<b>FYI:</b>	<b>TOTAL \$</b>

HISTORY: R/L = Right/Left n/a = normal/abnormal (please circle what applies)	Technician 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 CT 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 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	<input type="checkbox"/> report(s) provided

PROCEDURES: R/L = Right/Left (please circle what applies)	
<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: ___/___	

DIAGNOSIS/CONDITIONS: R/L = Right/Left (please circle what applies)	
<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 Paget 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+ Breast Cancer 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 Lobular 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: ___/___	

Patient Name:

Date:

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

- None R/L CBD/RSO Therapy mo/yr:   /   Cryo/Infrared Therapy mo/yr:   /
- 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/Diet mo/yr:   /
- R/L Mastectomy mo/yr:   /   Herbs/Supplements mo/yr:   /
- R/L Proton Radiation mo/yr:   /   Chemotherapy mo/yr:   /
- R/L Radiation mo/yr:   /   Hormone Drugs mo/yr:   /
- R/L Reconstruction mo/yr:   /   Clinical Trial Drugs mo/yr:   /
- R/L Adipose Filler mo/yr:   /   mo/yr:   /

Technician Notes:

additional comments

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

- None Familial: Mother Father Sister Brother
- Unknown Maternal: Grandmother Grandfather Aunt Uncle Cousin
- No updates Paternal: Grandmother Grandfather Aunt Uncle Cousin

- HER2+
- BRCA1
- BRCA2

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

- None S/B/H Estrogen S/B/H Progesterone S/B/H Testosterone S/B/H Thyroid
- No updates S/B/H S/B/H

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

- None Currently pregnant: Age at 1<sup>st</sup> full term pregnancy:    # Pregnancies:
- No updates Pre-menopause at Age:    Menopause at Age:
- Ovaries removed at Age:    Hysterectomy at Age:

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

- None C/P Cervical Cap C/P Injection C/P Patch C/P Sponge
- No updates C/P Diaphragm C/P Implant C/P Pill C/P Sterilization
- C/P Emergency C/P Intrauterine Dev C/P Spermicide C/P Vaginal Ring
- C/P Female Condom C/P Natural Planning C/P

**MEDICATIONS/VACCINES:**

- None \_\_\_\_\_
- No updates \_\_\_\_\_

reports provided

**SUPPLEMENTS/HERBS:**

- None Multi-Vitamins; A, B, B-12, C, D, E, K \_\_\_\_\_
- No updates \_\_\_\_\_

reports provided



Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

**DIAGRAM** condition and symptoms by the item #, using a dot, cross, circle, arrow, etc.

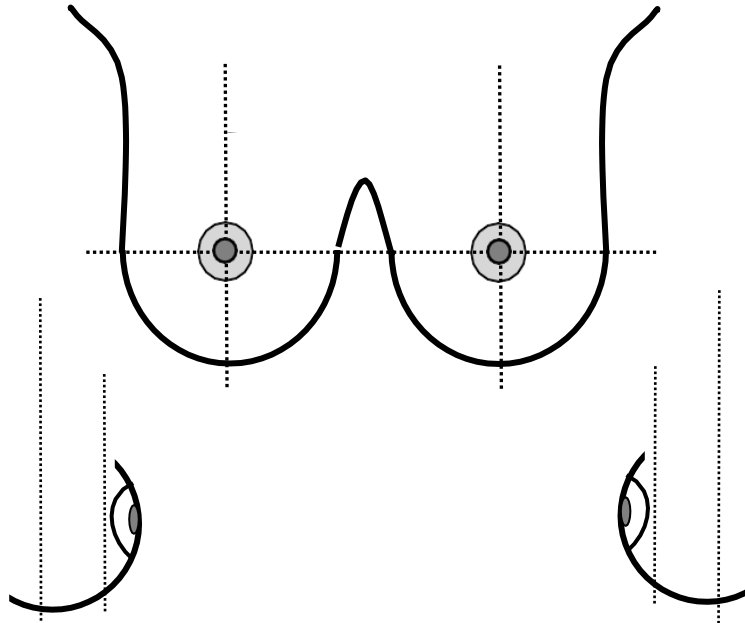
**Please indicate when or how long symptoms/conditions have existed.**

**NOTE:** complete the symptom/condition box, with a letter code for the frequency, using the following to indicate frequency: "X"; **A=Always, F=Frequent, I=Intermittent, or O=Occasional.**

**RIGHT BREAST**

- Historically larger
- NO CONDITIONS

- 1 Bruising
- 2 Infection
- 3 Itching
- 4 Injury
- 5 Lump-fixed/movable
- 6 Lump-hard/soft
- 7 Lump with pain
- 8 Marker
- 9 Nipple-tender
- 10 Nipple-inverted
- 11 Pain dull
- 12 Pain sharp
- 13 Pressure
- 14 Prickling
- 15 Rash
- 16 Scar Tissue
- 17 Skin-dimpling
- 18 Skin-discolored
- 19 Skin-scaly
- 20 Skin-reddening
- 21 Swollen
- 22 Tenderness
- 23 **Piercing(s)**
- 24 **Tattoo(s)**
- 25 Nipple-discharge [clear] [yellow] [ brown] [ bloody]
- 26 Breast size recently changed: [smaller] [larger]
- 27 \_\_\_\_\_



Right Lateral

**RIGHT SIDE**

**LEFT SIDE**

Left Lateral

**LEFT BREAST**

- Historically larger
- NO CONDITIONS

- 1 Bruising
- 2 Infection
- 3 Itching
- 4 Injury
- 5 Lump-fixed/movable
- 6 Lump-hard/soft
- 7 Lump with pain
- 8 Marker
- 9 Nipple-tender
- 10 Nipple-inverted
- 11 Pain dull
- 12 Pain sharp
- 13 Pressure
- 14 Prickling
- 15 Rash
- 16 Scar Tissue
- 17 Skin-dimpling
- 18 Skin-discolored
- 19 Skin-scaly
- 20 Skin-reddening
- 21 Swollen
- 22 Tenderness
- 23 **Piercing(s)**
- 24 **Tattoo(s)**
- 25 Nipple-discharge [clear] [yellow] [ brown] [ bloody]
- 26 Breast size recently changed: [smaller] [larger]
- 27 \_\_\_\_\_

Please explain (how long and duration)

**Technicians Notes:**

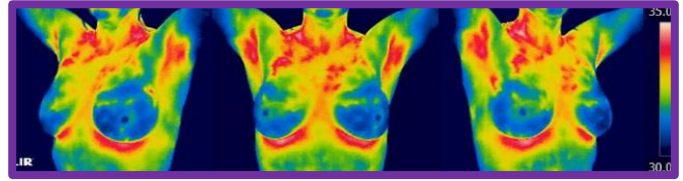
**INJURIES: Any breast/chest injuries throughout your life? (please circle what applies)**

- 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 Vaccines mo/yr: \_\_\_\_/\_\_\_\_

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

# Thermography Wellness Center

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



Other diagnostic equipment only detects a mass, but Thermography screens for cancer growth through changes in 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?** ... 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 differences along with thermal and vascular patterns that correlate with various types of Breast Pathology. Thermography is of great value in monitoring your Breast Health.

Please tell your families and friends of this "Life Saving Technology"! It is safe for all ages and conditions: Men, Women, Babies, 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 staff 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 is confidential, as restricted by law, or has been specifically restricted by a patient/client 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.

**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 the use of this information. Identifying information (photos, address, phone numbers, contact information, last name, or uniquely identifiable names) will **NOT** 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