

**Bruce Rind, M.D.**  
**National Integrated Health Associates**  
5225 Wisconsin Avenue, Suite 402, Washington, DC 20015  
Tel: (202) 237-7000 (x 122) Fax: (202) 237-0017 www.NIHADC.com

### **Thermographic Breast Screening/risk Assessment**

#### **Purpose of test:**

- Early detection of abnormal changes in the breasts
- If this is a follow-up, then to monitor progress or changes in the thermal image

#### **Preparation for the thermography exam:**

- **Complete all paperwork prior to your arrival.** If you have questions, call the office (202-237-7000). If this is not possible arrive 15 minutes early for your appointment and complete the necessary paperwork at that time. All information is confidential and is used by the physician to evaluate your thermal images.
- **Avoid a hot shower** at 4 least hours prior to exam.
- **Avoid sun exposure** for extended periods of time the day before and on day of exam.
- **Avoid caffeine** (e.g., coffee, tea, most soft drinks) **and soy** based food on day of exam (until after the exam is completed)
- **Do not smoke** for 2 hours prior to exam.
- **Do not shave underarms.**
- **Do not use lotions or powder** on your breasts on the day of exam.
- **Do not use deodorants or anti-perspirants** on the day of the exam.
- Please provide a **list of medications** either prior to or at the time of exam.
- Notify the technician if you are taking **Beta Blockers** (typically used to treat high blood pressure or rapid heart rate) as a medication.
- If you have periods, please tell us **what day of the cycle** is it.
- If there is a skin infection or insect bite on a breast, it is best to reschedule as this would show up as a warm area and can therefore distort the image.
- **For Basic Scan or Full Scan**, you will need to disrobe from the waist up and acclimate to room temperature for 15 minutes prior to your scan. The procedure will take approximately 30 minutes. If you are disabled or unable to sit or stand for long periods, notify the scheduling technician. Complete testing requires your cooperation to image all potentially affected areas.

- If you are doing a full breast scan, a cooling “stress test” is included in your procedure. This involved chilling the hands to produce a physiological response (to cold exposure). This helps to provide additional information to the physician who will read your scan.

**Test Results:**

- **Full Breast Scan:** Once the scan is complete, the report for the full breast scan (18 images + cold challenge) will be available in 2 weeks.
- **Basic Breast Scan:** The results for the basic breast scan (3 images) will be available within 1 week.
- You will receive a report with a risk assessment. You can keep the report for future reference. You may want to review the report with the doctor. A review with the doctor is optional and would need to be scheduled. Its purpose is\*
  - To obtain more information about the scan
  - To learn what can be done to improve breast health.

**If you already have a physician** that you work with re. breast health and thermography, then you may want to make arrangements with that physician to review your thermography and provide recommendations. Dr. Rind will be available to lend support to your physician if needed or desired.

**Consultation:** If you do not have a physician and wish to consult with Dr. Rind (but are not a patient of Dr Rind), then the consultation consists of review of the report and possible health recommendations for you to review with your primary care physician. An appointment would need to be made.

**Patient visit:** If you are an existing patient of Dr. Rind or become a patient of Dr. Rind, then a visit can include, if needed, a therapeutic plan for breast health improvement.

Your scan results may require a re-call or follow-up from 4 weeks to 12 months.

Thermography is non-invasive and a non-contact procedure. The total time necessary to complete the procedure is approximately 30 min.

Infrared Imaging increases the chance of early detection of breast disease. Like any other procedure, it is not a 100% guarantee of detection. A complete program of breast health includes: Monthly self exam, Annual physician exam, Annual thermal imaging and Mammography as indicated (with an initial baseline at 40 years of age.) Ask your health care provider for additional information.

Patient Signature: \_\_\_\_\_ Date:\_\_\_\_\_ Tech Initial:\_\_\_ Date:\_\_\_\_\_

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Breast Health Questionnaire

First name \_\_\_\_\_ Last name \_\_\_\_\_

Date of birth: \_\_\_/\_\_\_/\_\_\_\_ Age: \_\_\_\_\_  
                  mo day yr

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone numbers: H \_\_\_\_\_ W \_\_\_\_\_ C.Ph. \_\_\_\_\_

E-mail \_\_\_\_\_

**MEDICATIONS:**

- Have you ever or are you currently taking Birth Control medication:
  - Yes\_\_\_ No\_\_\_
  - Pills\_\_\_\_\_ Injection\_\_\_\_\_
  - Age started \_\_\_\_\_
  - Years taken \_\_\_\_\_
  - On BCP's now?\_\_\_\_\_
- Estrogen:
  - Yes\_\_\_ No\_\_\_
  - If yes, Name or type of Estrogen taken \_\_\_\_\_
  - Years taken\_\_\_\_\_
  - Still on it?\_\_\_\_\_
- Progesterone:
  - Yes\_\_\_ No\_\_\_
  - Bio-identical or synthetic (eg, Provera)\_\_\_\_\_
  - Age started\_\_\_\_\_ Years taken\_\_\_\_\_ Currently taking Yes\_\_\_ No\_\_\_
  - Name/type: Synthetic (e.g., Provera)\_\_\_\_\_ Natural/Bio-identical\_\_\_\_\_
  - Oral \_\_\_\_\_ Cream\_\_\_\_\_
- Other drugs: List (i.e. blood pressure medication, etc.) \_\_\_\_\_
- List supplements \_\_\_\_\_

**Relevant History - General information to calculate risk:**

- Menstrual history:
  - Age started\_\_\_\_\_
  - Currently having periods?\_\_\_\_\_
  - Approximately what day of the cycle is it today (day of thermography)?\_\_\_\_\_
- Menopause
  - Age started\_\_\_\_\_

- Hysterectomy: Yes\_\_\_ No\_\_\_ Age\_\_\_
- Ovaries removed: Age\_\_\_ Ovary R\_\_\_ L\_\_\_
- No. of Pregnancies\_\_\_ Age at 1<sup>st</sup> Preg. \_\_\_
- Breast fed?\_\_\_\_\_ For approx. how many months?\_\_\_\_\_
- Have you experienced ANY blunt trauma to the chest or breast: Yes\_\_\_ No\_\_\_  
Year\_\_\_\_\_?
- Do you consistently use anti-perspirants? \_\_\_\_\_

Family history of breast cancer:

Self\_\_\_ age\_\_\_ Mother\_\_\_ Sister\_\_\_ Daughter\_\_\_

Physical Exam

Note by letter the region of the breasts if affected by any of the following:

- |                                 |                       |                               |
|---------------------------------|-----------------------|-------------------------------|
| M Mass Rt. Lt.                  | T Thickening Rt. Lt.  | D Discharge Rt. Lt.           |
| N Nipple Change Rt. Lt.         | S Skin Change Rt. Lt. | P Area of pain Rt. Lt.        |
| B Burning Rt. Lt.               | R Tender Rt. Lt.      | A Dull Ache Rt. Lt.           |
| J Sharp pain Rt. Lt.            | I Implants Rt. Lt.    | G Surgical incision or biopsy |
| F Fibrocystic or cystic breasts |                       |                               |

Surgical procedure in breasts:

- What\_\_\_\_\_ When\_\_\_\_\_
- Needle biopsy (How Many?): Lt\_\_\_ Rt\_\_\_
- Surgical biopsy (How Many?): Lt\_\_\_ Rt\_\_\_ When\_\_\_\_\_
- Lumpectomy: Rt\_\_\_ Lt\_\_\_ When\_\_\_\_\_
- Were you told it was: Benign\_\_\_ Suspicious\_\_\_ Malignant\_\_\_?
- Mastectomy: Rt\_\_\_ Lt\_\_\_ When\_\_\_\_\_
- Radiation to breast: Rt\_\_\_ Lt\_\_\_ When\_\_\_\_\_

When was the last thermal image: Normal/Abnormal/or TH risk value\_\_\_\_\_

When was last mammography exam:\_\_\_\_\_ Results:\_\_\_\_\_

When was last breast ultrasound:\_\_\_\_\_ Results:\_\_\_\_\_

The information supplied is, to my knowledge, true and complete.

Patient's Name:\_\_\_\_\_ Technician Initial: \_\_\_\_\_

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

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

Room Temperature\_\_\_\_\_ Client Temperature\_\_\_\_\_

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**Release for Testing Procedure**

Infrared Imaging is a non-contact, non-invasive test that demonstrates physiological patterns of your body. It is not a stand-alone diagnostic test. The information provided by your thermal scan is combined with your history to enable your health care provider to provide a breast health risk assessment and plan an approach to your care.

A licensed medical practitioner is the only qualified person to formulate a diagnosis. She/He must combine thermographic studies with your additional clinical and testing information to determine your status.

Infrared scans provide evidence of thermal asymmetries that may be present. An asymmetry may be indicative of a vascular, neurological, muscular or other physiological Problem.

I have read the above information and I understand that I am not receiving a diagnosis of any condition based solely on my thermal scan. I understand that a thermal scan is non-invasive, and is reading the thermal patterns on the surface of my body. From this information a qualified practitioner will interpret any thermal abnormality displayed.

I am aware that my insurance provider may not reimburse me for the cost of this test. I understand that I am required to pay for this exam at the time of testing.

**Record Release:**

I authorize this clinic to release information regarding my scans, or to send copies of my scans to the following physicians (name and contact information):

- 1.
- 2.

Please provide me with a copy of the thermography results via (please indicate):

Mail (address): \_\_\_\_\_ E-mail (address): \_\_\_\_\_ Other: \_\_\_\_\_

The physician I am working with for breast health/thermography is:

- Dr. \_\_\_\_\_
- I am not currently working with a doctor in relation to breast health\_\_\_\_\_

\_\_\_\_\_  
Print legal name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of scanning Technician

\_\_\_\_\_  
Date