

Institute for Restorative Health
Karin Grunstrup RN, NP

Dear Friends,

One thing that many people tend to forget is that diagnostic tools such as breast thermography, ultrasound, and mammography do not, in and of themselves, render a diagnosis. They are, however, diagnostic tools that are key to providing your health care provider with the most accurate information necessary to provide you with the best care possible.

Breast thermography has been a vital part of monitoring breast health for over twenty years. It has not, however, always had the prestige that it deserves. The reason for this? Thermography is actually too accurate. While this is difficult to believe, here is the reason for this. Breast thermography detects physiological changes in the breast tissue years before it develops in to a tumor that can be confirmed using any other technique. Thermography measures physiology while other tests, such as mammography, measures anatomy/structure. Changes in physiology can lead to changes in anatomy, but that takes a long time to occur. It can be years, even a decade, before something measurable happens that a mammogram can detect.

This is a large part of why it is so important to visit a thermography center and get a baseline image taken while you are young. This offers you the opportunity to monitor your breast health, and make needed lifestyle changes that can prevent disease from occurring at all. When you see these changes at the very earliest stage, it is certainly possible to prevent certain breast diseases and cancers from occurring at all.

Remember, these changes can be made years before a cancer would even be noticeable on most other diagnostic tests. Even if it simply slows or retards the growth of something abnormal, this is much better than letting it go unchecked for years until it progresses to a point where it would be detected on a mammogram.

Breast thermography is a technique that should be used alongside other tools that are available to you. Self-exams, health provider exams, breast thermography and mammography should all be used in order to increase your chances of having a long healthy life.

Please help us raise the awareness of Thermography screening and its value as a diagnostic tool in breast cancer detection and prevention. You can learn more about this technology on my website at yourbreasthealth.com

Your Breast Friend, Karin
Institute for Restorative Health
530-758-4474
Serving Lake, Yolo & Sacramento Counties

Follow up Breast Health History

Name: _____ Age: _____ Date: _____

Address: _____ Email: _____

City: _____ State: _____ Zip: _____

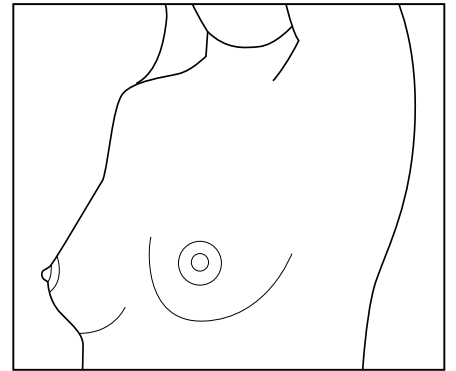
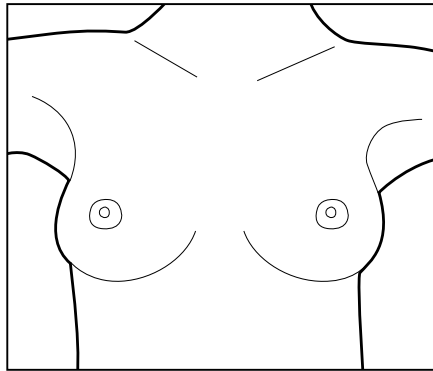
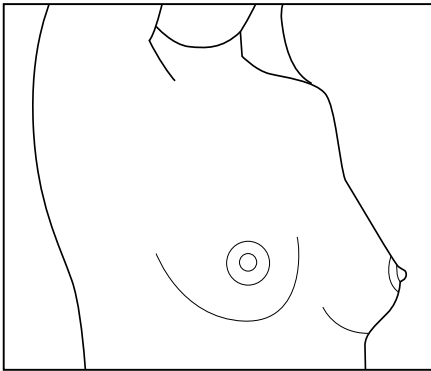
Daytime Phone #: _____ Date of Birth: _____ Sex: F M

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

Initial Breast Health History

Name: _____ Age: _____ Date: _____

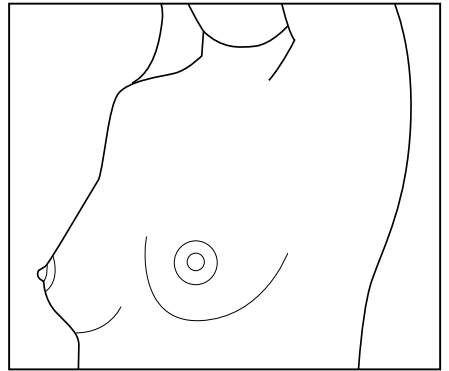
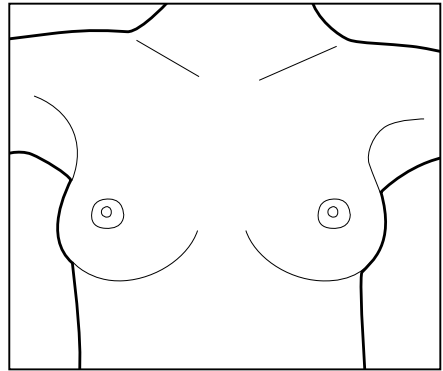
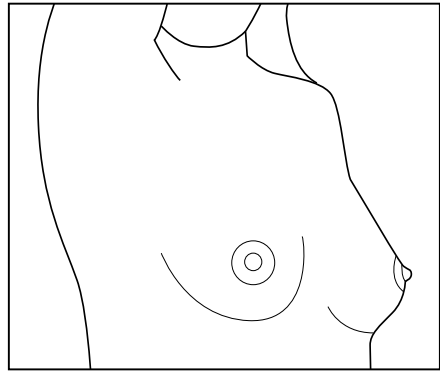
Address: _____ Email: _____

City: _____ State: _____ Zip: _____

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

Describe any current breast concerns such as lumps, pain, or abnormal examination findings:

MARK THE AREA OF ANY NEW CONCERN ON THE DIAGRAM:



Last 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 _____

COMPLETE ALL THAT APPLY:

Diagnosed with breast cancer: Date of diagnosis _____,
location of cancer and type, if known _____

Lumpectomy Mastectomy Reconstruction: Date and details of procedure:

Radiation treatment: Date last performed: _____

Chemotherapy: Since: _____

Other Treatment _____

Fibrocystic breasts Y N, Cystic breasts Y N Other breast conditions

Breast surgery other than for cancer (benign lumpectomy, implants, reductions, etc.).
Date and procedure: _____

Past injury to the breasts: Provide date, description and location _____

Birth control pills use: Duration: _____ Currently taking: Y N

Prescription hormone replacement use including bioidentical:
Duration: _____ Currently taking: Y N
List types: _____

Non-prescription hormonal cream use and/or supplements to balance female hormones or thyroid.
Currently taking: Y N
List types: _____

Other medications: List types: _____

Breast feeding: Currently Y N, Number of children nursed for over 1 month: _____

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

Menopause: Experiencing symptoms of menopause or perimenopause: Y N
Age of last menses, if it has stopped: _____

Both (not one) ovaries removed: Y 2 N, Age (or ages) of removal: _____

Family history of breast cancer: List family member(s): _____

Institute for Restorative Health

Digital Infrared Breast Imaging

Purpose of Test:

Thermography is a safe and effective technology that is used to locate abnormal temperature changes in the breasts. There are many conditions that will produce an abnormal thermogram, including cysts, benign tumors, trauma, infection and cancer. This highly accurate infrared medical camera enables us to obtain important information that will assist you in making helpful decisions about your breast health.

Patient Preparation:

Please complete all paperwork before your arrival, if you have questions please call the office. All information is confidential and is only used by our doctors to evaluate your thermal images. Also, if possible please bring all other abnormal thermal scans and mammogram results from other health care providers that may be useful and relevant in interpreting your current thermal images.

Please follow all protocols that have been provided. Accurate results are dependent on proper protocol adherence. If you are unable to do so, please call the office before your appointment, as we may need to reschedule.

You will need to disrobe from the waist up and acclimate to room temperature for 15 minutes before your scan. Including acclimation the entire appointment will take approximately 45-50 minutes.

Your scan involves no physical contact or radiation. It is similar to being photographed by a regular camera.

Test Results:

Once your scan is complete, it will take approximately 7-10 business days to complete the interpretation. I will call you to explain the results and answer any questions before mailing or emailing your report. Your scan results will include; both black and white photos & color photos, a biothermal classification to rate your breast health, and an explanation of all findings. We may recommend a follow-up scan in 3, 6, 9, or 12 months depending on your findings. *This follow-up visit is vital to tracking your breast health and any changes that may take place.*

We recommend an annual scan for women even with a low risk rating.

Infrared imaging increases the chance of early detection of breast disease.

Like all procedures it is not a 100% guarantee of detection. A complete program of breast health includes: healthy life choices, monthly self-breast exam, annual health care provider exam, annual thermal imaging and mammography if indicated.

PREPARATION for BREAST IMAGING

Name _____ Date _____

It is very important that you follow these instructions carefully to insure that your thermographic imaging is accurate. If you cannot meet any of these protocols listed below, please call me to discuss the matter and receive further information. **Thank you for your cooperation in helping us to perform accurate scanning for you.**

1. I am not sunburned. I have not been tanning, and I do not have a fever today.
2. I have not had a mammogram, breast exam, or any other medical procedure involving the breasts, including chiropractic care, physical therapy, massage therapy, analgesic creams, balms, or magnets for 24 hours prior to my thermography scans.
3. I did not bathe, shower or soak in VERY HOT water, including SAUNA or HOT TUB for at least 4 hours prior to my thermography appt.
4. I have avoided direct stimulation to breasts, nipples, underarms, and chest including shaving and other forms of hair removal. I have avoided all sexual activity involving the breasts for 24 hours prior to my appointment. (**please note that underarm hair decreases the clarity of the images. It is not absolutely necessary to shave, but if you wish to, please do so at least 24 hours before your appointment.**)
5. Today, I am not using creams, lotions, deodorants, antiperspirants, talcum powder, essential oils or any other skin products on my chest or underarms unless instructed by my physician.
6. I did not perform any rigorous exercise program for at least four hours prior to my appt.
7. I did not drink CAFFEINATED beverages (i.e. coffee, tea, soda, or other beverages containing caffeine) or use ALCOHOL for at least 4 hours prior to my appt. (eight hours is optimal). Moderate use of chocolate is OK.
8. I did not smoke cigarettes, chew tobacco or use any product, which contains nicotine. (In case of nicotine use, please avoid using the day of your scan if possible.)
9. If nursing a child, I have nursed evenly on both sides 24 hours prior to my scan.

Be prepared to acclimate to a room temperature of 68 degrees F. for 15 minutes without your top or bra on. If possible do not wear a bra before your appointment.

Signature _____ Date _____

Testing Procedure Release Form

Infrared Imaging has no radiation, no contact and is a test that demonstrates the physiological heat patterns of your body. Infrared scans provide evidence of thermal asymmetries that may be present. Any asymmetry may be a sign of certain disease processes including vascular, neurological, muscular or other conditions.

Using the information obtained from your scan, a board certified doctor specializing in thermography will interpret your exam and your results will be given or mailed to you.

I have read the above information and I understand that I am not receiving a diagnosis of any condition based on my thermal scan.

I am aware that breast scans are not covered by insurance plans and understand that I am required to pay for the exam at the time of testing or make other arrangements for payment prior to my appointment.

Exam Date:

Signature

Name-please print

Technician signature

Date: _____

RECORD RELEASE

I (signature) _____ authorize **Institute for Restorative Health** to release information regarding my scans to Dr. Robert Kane or other qualified Digital Infrared Breast Interpretation offices.