

*New England Clinical Thermography Incorporated*  
Patient Information Sheet

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ MI: \_\_\_\_\_  
DOB \_\_\_\_\_ E-mail \_\_\_\_\_

Previous Illnesses: \_\_\_\_\_  
\_\_\_\_\_

Current Health Problems: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Medications: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Other Treatment: \_\_\_\_\_  
\_\_\_\_\_

Current Doctor: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

How did you learn of imaging at this location? \_\_\_\_\_

This information is confidential.  
All Information is correct to my knowledge.

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

# *New England Clinical Thermography*

## **Patient Education Sheet**

### **Digital Infrared Thermal Imaging (Thermography)**

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

Help in determining cause of pain.  
Evaluate sensory-nerve irritation or significant soft-tissue injury.  
To define a previously diagnosed injury or condition.  
To identify an abnormal area for further diagnostic testing.  
For the early detection of lesions.  
To follow progress of healing and rehabilitation.  
To provide objective evidence.

#### **Frequently asked questions:**

*Where is test performed?*

NECT Clinic

*Who performs test?*

Clinical Thermographer or trained Imaging Technician

*Any risks or side effects?*

None. Procedure non-invasive.

#### **Patient preparation:**

***Do not have physical therapy or electromyography on the same day thermography is performed.***

***Do not smoke for 2 hours before the test.***

***Do not workout prior to imaging on the day of the test.***

***Do not use lotions or powder on your breasts or surrounding areas on the***

***day of test. Note, this includes no use of underarm deodorant/antiperspirant.***

***If you must use, apply as little as possible and only directly in the armpit itself.***

***We will be imaging the upper back and neck so hair must be up off of the neck.***

***Please pin up or headband in advance or a headband will be provided when you come for imaging.***

***Avoid sun exposure on day of test – this includes tanning equipment. Recent, existing sunburns will also prohibit imaging(heat).***

***Diet - No changes necessary***

***Medicines - No changes necessary***

***Pregnancy – we do not perform breast imaging from conception until 3 months after the end of breast feeding due to all the breast changes going on, not due to any safety issue.***

***Read and completely fill out all the forms to bring with you on imaging day.***

## **THE TEST**

### **Sensory factors:**

You may be slightly uncomfortable for short periods when you assume the positions the technician requests. Examining rooms are frequently uncomfortably cool when you disrobe for the examination. Any apprehension about the sophisticated thermography equipment is soon dispelled; the procedure is totally non-invasive, the camera does not emit radiation of any kind.

**Equipment used:**

Thermal imaging camera; Computer

**Description of test:**

Patient time for test: 15-30 minutes.

You are given time for your skin temperature to equalize with the room temperature.

Thermograms are taken of the whole body, or just areas under investigation.

A lumbar assessment would typically include, low back, pelvis, and legs.

A cervical assessment would typically include, head and neck, upper trunk, and arms.

Neurological testing can include a "cold stress test", this just involves placing a hand or foot into a bowl of cool water, alternatively a cool gel pad can be applied to any part of the body. Cold stress tests must be requested by a doctor.

**POST TEST****Immediate post-test care:**

None required.

**Additional tests and studies:**

May be required to establish a precise diagnosis. These tests may include electromyography, myelography, or computerized tomograms, etc. NECT only provides infrared imaging so additional testing would be arranged with your physician.

**Time before test results available:**

Report from the interpreter is generally available in 2 business days. It is then mailed to the client or their doctor.

**TEST RESULTS****Test values:**

Test results are determined by studying the varying patterns and temperature differentials as recorded in the thermograms.

**Normal values:**

Diffuse heat patterns with good symmetry of left and right sides of the body.

**Abnormal values:**

Localized areas of hyperthermia, or hypothermia, asymmetry of the body with temperature differentials of more than 0.5 deg. C.

**Cold stress: Simple explanation**

Positive - no thermal change in the affected limb.

Negative - thermal change in the affected limb.

**Taking these drugs may affect test results:**

Anti-inflammatories; Beta blocks. Drugs are identified for the interpreter so they can take this into account.

**Other factors that may affect test results:**

Smoking before the test.

Any history of fractures, surgery or grossly asymmetrical varicose veins.

Skin reactions, allergies, or infections.

## **Patient Education - Breast Screening**

**Purpose of test:** For early detection of abnormal changes in the breasts requiring further diagnostic testing.

### **Patient preparation:**

**Do not smoke for 2 hours before the test.**

**Do not workout prior to imaging on the day of the test.**

**Do not use lotions or powder on your breasts or surrounding areas on the day of test. Note, this includes no use of underarm deodorant/antiperspirant.**

**If you must use, apply as little as possible and only directly in the armpit itself.**

**We will be imaging the upper back and neck so hair must be up off of the neck.**

**Please pin up or headband in advance or a headband will be provided when you come for imaging.**

**Avoid sun exposure on day of test – this includes tanning equipment. Recent, existing sunburns will also prohibit imaging(heat).**

**Diet - No changes necessary**

**Medicines - No changes necessary**

**Pregnancy – we do not image from conception until 3 months after the end of breast feeding due to all the breast changes going on, not due to any safety issue.**

**Read and completely fill out forms provided and bring with you on test day.**

## **The Test**

Enter imaging room, disrobe to waist, put on standard gown.

Allow time for body to acclimate to room temperature.

Thermographer will review paperwork for any issues.

**Gown is removed for imaging of heat from bare skin which is blocked by any clothing.**

5 Standard breast images are then taken, plus an extra front and back image.

Quick review of images by Certified Thermographer.

Dress.

Closing discussion to review any questions.

Disrobing - Remove all upper body clothing and jewelry. Put on surgical gown supplied.

Inform your Thermographer if you have had any recent skin lesions on your breast; the inflammation can cause a false positive result.

### **How the test will feel:**

The room air may feel cool on your breasts as they adjust to room temperature before scanning. Examining room temperatures are comfortable when you disrobe for the examination. Any apprehension about the sophisticated thermography equipment is soon dispelled. The procedure is totally non- invasive, the camera does not emit radiation of any kind.

### **Time before test results available:**

Time before results are reported to the doctor or patient varies from a few hours to a few days.

### **Frequently asked questions:**

*Who performs test?* Female Imaging Technician

*Any risks or side effects?* None. Procedure non-invasive, non-contact, no radiation.

*How long does it take ?* Appointments are 30 minutes.

**You are welcome to bring a companion or partner to be present at the examination**

While participation in a DITI early detection program can increase your chance of detecting and monitoring breast disease, as with all other tests, it is still not a 100% guarantee of detection.

The purpose of this form is for the patient to authorize sending New England Clinical Thermography to send images to the interpretation service (EMI). They are a separate company and we cannot send your images and the accompanying medical history without your permission.

## Authorization to Use or Disclose Protected Health Information to The EMI Interpretation Service

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

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Request: \_\_\_\_\_

**As required by the Privacy Regulations, NECT may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization.**

I hereby authorize this office and any of its employees to use or disclose my Patient Health Information to the following person(s), entity(s), or business associates of this office:

### EMI, Electronic Medical Interpretations

Patient Health Information authorized to be disclosed: **Thermal Images and related health history**

For the specific purpose of (describe in detail) - **Interpretation of thermal images**

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**Effective dates** for this authorization: \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_

This authorization will expire at the end of the above period. **(Leave dates blank if you would like this authorization to be on-going.)**

#### I understand I have the right to:

1. Revoke this authorization by sending written notice to this office and that revocation will not affect this office's previous reliance on the uses or disclosure pursuant to this authorization.
2. Knowledge of any remuneration involved due to any marketing activity as allowed by this authorization, and as a result of this authorization.
3. Inspect a copy of Patient Health Information being used or disclosed under federal law.
4. Refuse to sign this authorization.
5. Receive a copy of this authorization.
6. Restrict what is disclosed with this authorization.

I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

\_\_\_\_\_  
*Signature or Patient or Patient's Authorized Representative*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Authorized Signature of Facility*

\_\_\_\_\_  
*Date*