

PINK IMAGE™ ANALYSIS

www.mypinkimage.com

444 South Cedros Ave.
Studio 120
Solana Beach, CA 92075
(619) 723-8769

PIA ONLY

PIA Number

Patient's Name (Last, First, Middle)	Date of Birth mo day yr	Age	Today's Date / /
Address	City, State	Zip	Phone ()
Email Address	Previous Mammogram / /	Previous Thermogram / /	Patient Temperature ° F

PLEASE FILL OUT FORM COMPLETELY

General Questions:

Are you overweight? Yes / No. If yes, please estimate number of pounds overweight: _____
 If you are pre-menopausal: How many days in a complete cycle? _____ What is today's menstrual day number? ____
 If you are post- or peri-menopausal at what age did menopause onset? _____
 Do you have breast implants? Yes / No.
 Please circle your race: African-American Caucasian Indian Jewish Asian Hispanic Other

Breast Cancer History

Have you had a Hysterectomy or Oophorectomy? Yes / No. If yes, please circle and indicate age at time of procedure: ____
 Have you ever had a biopsy of the breast? Yes / No. If yes, how many? _____ When was the most recent? ___/___/___
 If positive, what type of breast cancer and which breast? _____
 Was breast cancer estrogen receptor positive? Yes / No
 Are you currently taking Tamoxifen? Yes / No
 Please list any other cancer prescriptions: _____
 Have you had a mastectomy? Yes / No. If yes, when? _____
 Have you had a lumpectomy? Yes / No. If yes, when? _____

Drug History:

Have you ever taken Birth Control Pills? Yes / No. If yes: Age Started _____ Years Taken _____
 Are you currently using an IUD with hormones? Yes / No. Years: _____ From(Year): _____ To: _____
 Are you currently using Hormone Replacement Therapy? Yes / No.
 If yes, for how long have you been using HRT? Years: _____ From(Year): _____ To: _____
 Are you currently using an estrogen patch? Yes / No. Years: _____ From(Year): _____ To: _____
 Are you currently using Bioidentical Hormone Therapy? Yes / No.
 If yes, for how long have you been using Bioidenticals? Years: _____ From(Year): _____ To: _____
 If yes, which kind (please circle)? Bioidentical/Estrogen Pills Bioidentical/Estrogen Pellets Bioidentical/Estrogen Cream
 Are you taking progesterone (please circle)? Progesterone Pills Progesterone Sublingual Progesterone Cream
 Are you taking testosterone (please circle)? Testosterone Injections Testosterone Pellets Testosterone Cream
 Are you currently taking any other hormones? If yes, please list. _____

Diet / Lifestyle:

Are you currently taking flax-based supplements (oil, pill, seeds)? Yes / No
 Are you currently using black cohosh supplements? Yes / No
 Are you currently using evening primrose supplements? Yes / No
 Do you consume soy-based products (soy milk, cheese, meats, tofu, edamame, etc.) more than 3 times per week? Yes / No
 Please list any supplements you are currently taking: _____

Family History of Breast Cancer:

- Adopted Self Mother Sister Daughter

Maternal: Grandmother Aunt Cousin

Paternal: Grandmother Aunt Cousin

Parity Questions:

At what age did you have your first period (Menarche)? _____

What was your age at your first full pregnancy? _____

How many live births have you experienced? _____

How many children have you nursed over 1 month? _____

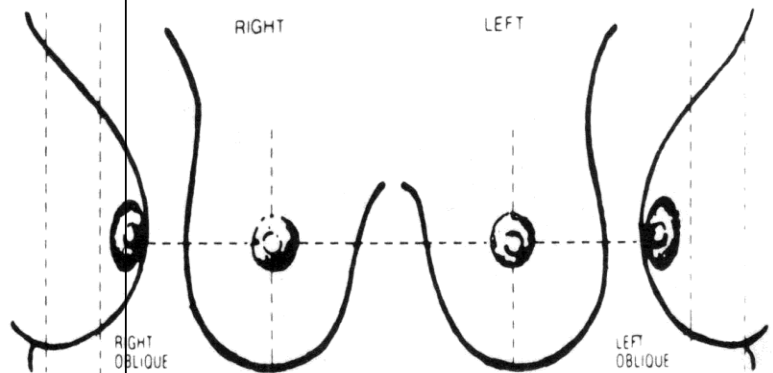
Are you currently pregnant? _____

Are you currently lactating? _____

Clinical Exam

- A Area of Pain
 i. Burning ii. Dull
 iii. Tenderness iv. Sharp
- B Mass
- C Thickening
- D Discharge
- E Nipple Change
- F Skin Change
- G Recent Retraction
- H Other (EXPLAIN)

Symbols to Use	
Biopsy	+++++++
Prominent Vein	~~~~~
Mass	•
Thickening	○
Pain	☼



Please list any concerns or additional information here:

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Breast Thermography Informed Consent

I hereby request and consent to the screening process of breast thermography. Breast Thermography is a painless, non-invasive, screening tool that does not emit any harmful radiation. It is used to detect minute vascular changes in the breasts which could later be associated with malignancies.

It is the position of the medical profession in the United States that mammography is the recommended test to screen for breast cancer. Breast thermography has been approved by the FDA in 1982 as an adjunct to mammography, not as a replacement for it. Thermograms are a screening procedure not a diagnostic tool. A mammogram is recommended to women over the age of 50 annually and women who are considered high risk under the age of 50. If I have questions regarding other breast imaging modalities, I will discuss them with my primary health care provider.

I understand that the breast thermography screening process utilizes an Infrared camera which will take heat images of my breasts. In order for the images to be recorded accurately, I must disrobe from the waist up, not allow anything to come in contact with my entire chest while I sit in a cooled room for 5-15 minutes. Following this procedure a set of images will be captured. If I am ill I will inform the technician and a decision to possibly reschedule will be made based on the seriousness of my sickness.

I understand my breast thermography imaging is being performed by a clinic independent of Pink Image and/or Pink Image Analysis. I understand my report is not intended for patient interpretation, but rather by a physician. I understand the results of my breast thermography report will be discussed and/or consulted with me by the thermography clinic performing my breast thermography and not any owners, members or employees of Pink Image and/or Pink Image Analysis. Any medical advice and/or consulting I receive based on the results and/or interpretation of my breast thermogram is administered and conducted by the clinic performing my breast thermogram. I do not hold Pink Image and/or Pink Image Analysis, liable for any medical advice admitted and/or discussed in conjunction with the results and/or interpretation from the clinic at which I am receiving my breast thermogram. I understand that Pink Image and/or Pink Image Analysis is a screening service intended for physician interpretation and any medical advice or diagnostics derived from such screenings are to be provided by patient's physician.

As Pink Image and the Women's Academy of Breast Thermography are educational resource for women, images may be used for purposes beyond screening. None of these images will contain the names of individual or any identifying information within them. These images will be used as images only and not in reference to any individuals. Please initial here if you **DO NOT** agree to these terms. _____

By voluntarily signing below I show that I have read, or have had read to me, the above consent to breast thermography screening. I have had the opportunity to ask questions. I intend this consent form to cover all previous and future breast thermography screenings.

Patient Signature (Or Patient Representative)

Date

PINK IMAGE™ ANALYSIS

Arbitration Agreement

Article 1. It is understood that any dispute or claim against Pink Image, Pink Image Analysis and WABT and/or the “Clinic” as defined herein whether for malpractice of any kind, and any other claims of any nature whatsoever including, but not limited to, any type of tort or contract, there were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, action or inaction, failure to act, will be determined by submission to arbitration as provided by California law, and not by a lawsuit of resort to court process except as California law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration.

Article 2. a) The term “Patient” as used in this Agreement includes the undersigned individual, his or her spouse, children (whether born or unborn), and heirs, assigns, or personal representatives. This individual signing this Agreement signs it on behalf of the foregoing persons, and intends to bind each of them to arbitration to the full extent permitted by law.

“Clinic” includes Pink Image, Pink Image Analysis, Women’s Academy of Breast Thermography, all physicians, all conferring physicians, their professional corporation or partnership, all independent contractors, affiliations, academies and all thermography affiliations or academies, but not limited to, who practice or provide service or an advisory capacity for Pink Image, Pink Image Analysis, WABT, all employees, representatives, agents’ directors, officers, and assignees of Pink Image, Pink Image Analysis, WABT and any employees’ agents, successors-in-interest, heirs and assigns of the foregoing individuals or entities.

b) Actions Covered. Patient understands and agrees that any dispute of the sort described in Article 1 between Clinic and Patient will be subject to compulsory, binding arbitration.

c) Other Physicians, Medical Professionals, Medical Technician. Patient understands that he or she may at times receive treatment or consults from one or more Physicians, Medical Professionals, Medical Technician or other type of Care Professional or Service Provider who are independent contractors practicing or providing services at the same facility at Pink Image, Pink Image Analysis and WABT. It is understood and agreed that any dispute of the sort describe in Article 1 between such providers providing any type of service at the same facility and/or Pink Image, Pink Image Analysis and WABT will be subject to compulsory, binding arbitration.

d) Right of Action Waived. Patient understands that a claim shall be waived and forever barred if (1) on the date of notice thereof is received, the claim, if asserted in a civil action, would be barred by the applicable California statute of limitations, or (2) the claimant fails to pursue the arbitration claim in accordance with the procedures prescribed herein.

Article 3. a) Informal Resolution of Disputes. In the event Patient feels that a problem has arisen in connection with the interpretation and or care rendered by Pink Image, Pink Image Analysis, WABT and/or Clinic to Patient, Patient will promptly notify Pink Image, Pink Image Analysis, WABT and/or Clinic so that Pink Image, Pink Image Analysis, WABT and/or Clinic may have the opportunity to resolve the manner.

b) Method of Initiating Arbitration. If the dispute is not resolved by mutual agreement, Patient shall notify Pink Image, Pink Image Analysis, WABT and/or Clinic in writing of his or her desire to arbitrate and shall designate an arbitrator. Within receipt of such notice Pink Image, Pink Image Analysis, WABT and/or Clinic will designate an arbitrator to act on the parties’ behalf in the event Patient actually files a claim for arbitration and pays the applicable required arbitration fees.

c) Applicable Law. The arbitration shall be conducted pursuant to the California Arbitration act (C.C.P 1280-1295). The arbitrators shall, in addition, have authority to order such other discovery as they deem appropriate for a full and fair hearing of the case. A determination on the merits shall be rendered in accordance with the law of the State of California including the provisions of the medical Injury Compensation Reform Act of 1975 which shall apply to the same extent as if the dispute were pending before a superior court of this State.

d) Interpretation of Agreement. Any controversy concerning the interpretation or application of the Agreement itself shall also be submitted to arbitration in the manner provided above.

Article 4. Revocation. If you sign this Agreement and then change your mind, the law permits you to revoke the Agreement, providing you give the Clinic written notice within 30 days from signing that you want to withdraw from the Agreement. However, Clinic and Patient agree that any claim arising from services rendered prior to revocation shall be subject to arbitration.

Article 5. Retroactive Effect. Also, by executing the agreement Patient agrees that this agreement covers ALL services rendered as defined in Article 1 before the date this agreement is signed whatever date the service was rendered.

Article 6. Invalid Provision. If any provision of this arbitration agreement is held invalid or unenforceable, the remaining, provision shall remain in full force and shall not be affected by the invalidity of any other provision.

NOTICE: BY SIGNING THIS CONTRACT YOU ARE AGREEING TO HAVE ANY ACTION OR REQUEST FOR DAMAGES DECIDED BY NEUTRAL ARBITRATION AND YOU ARE GIVING UP YOUR RIGHT TO A JURY OR COURT TRIAL. SEE ARTICLE 1 OF THIS CONTRACT.

I understand that I have the right to receive a copy of this arbitration agreement.

By: _____

Patient’s or Patient Representative’s Signature

Patient’s Printed Name

Date

Duly Consented by Pink Image, Pink Image Analysis or Women’s Academy of Breast Thermography. Wendy Sellens, LAC. President
444 South Cedros Studio 120 Solana Beach CA 92075 Phone: 619.723.8769

PINK IMAGETM ANALYSIS

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HIPAA Privacy Information

This notice describes how breast thermography and medical information about you may be used and disclosed and you can get access to this information. Please review it carefully. In the course of your care as a patient with Pink Image Clinics, with your authorization, we may use or disclose personal and health related information about you in the following ways:

Your personal health information, including clinical records, may be disclosed to another health care provider or hospital if it is necessary to refer you for further diagnosis, assessment, or treatment. Your health care records, as well as billing records, may be disclosed to another party such as an insurance carrier, an HMO, a PPO, or your employer (if they are responsible for the payment of your services). Your name, address, phone number and your health care records may be used to contact you regarding appointment reminders, to provide information about alternatives to your present care, or to other health related information that may be of interest to you.

If you are not at home: to receive an appointment reminder, a message may be left on your answering machine or voicemail. Further you have the right to inspect or obtain copies of the information we will use for these purposes. You also have the right to refuse to provide authorization for this office to contact you regarding these matters. If you do not provide us with this authorization it will not affect the care provided to you, or the reimbursement avenues associated with your care.

Under federal law, we are also permitted or required to use or disclose your health information without your consent or authorization in the following circumstances:

If we are providing health care services to you based on the orders of another health care provider.

If we do provide health care services to you in an emergency.

If we are required by law to provide care for you and are unable to obtain your consent after attempting to do so.

If there are substantial barriers to communicating with you, but in our professional judgment we believe that you intend for us to provide care.

If we are ordered by the courts or another appropriate agency.

We are required by state and federal law to maintain the privacy of your patient file and the protected health information therein. We are also required to provide you with this notice of our privacy practices with respect to your health information. This notice is effective as of today and any amendments made hereto will expire seven years after the date upon which the record was created.

My signature acknowledges that I have received a copy of this notice.

Patient Signature (Or Patient Representative)

Date

Palmer Acupuncture

12443 San Jose Blvd Suite #304

Jacksonville, FL 32223

www.palmeracupuncture.com

(904) 661-8299

Pre-Breast Thermographic Imaging Instructions

Welcome to Palmer Acupuncture! Before you arrive for your breast thermography, certain protocols must be followed in order to ensure that your images reflect accurate information. Please read the following instructions and strictly adhere to them.

- No prolonged sun exposure (especially sunburn) to the chest and breast areas 5 days prior to the exam.
- 48 hours before the exam, please do not use any lotions, creams, oils, powders, or makeup on the breasts or chest.
- On the day of the exam, no use of deodorants or antiperspirants.
- No shaving (or other types of hair removal) of the chest, breasts, or underarms for 24 hours prior to the exam.
- No treatment (chiropractic, acupuncture, TENS, physical therapy, electrical muscle stimulation, ultrasound, hot or cold pack use or heating pad) of the neck, back, chest, or breasts for 12 hours before the exam.
- No physical stimulation of the breasts for 12 hours prior to the exam.
- No exercise 4 hours prior to the exam.
- No alcohol for 24 hours prior to the exam.
- If bathing, it must be no closer than 1 hour before the exam.
- If you are nursing, please try to nurse as far from 1 hour prior to the exam as possible.
- If you are using pain medications, please avoid taking them for 4 hours prior to the examination. **You must consult with the prescribing physician for his or her consent prior to any change in medication use such as this.**

During the examination you will be disrobed from the waist up for both imaging and to allow for the surface temperature of the body to equilibrate with the room for 10 minutes. A female technician will always be performing all your imaging. The room will be at least 68 degrees.

If you have copies of any other test results (ex: Mammograms, ultrasounds, biopsies) please bring them with you. If you have any further questions, please contact our office.

Thank you for choosing Palmer Acupuncture and we look forward to meeting you.