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14526 Old Katy Rd. Ste. 108 \* Houston, TX 77079 \* Tel. 832-422-7271 \* Fax 713-904-2477  
\* info@deikakingnd.com

Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

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

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ (Home) \_\_\_\_\_ (Cell)

E-mail: \_\_\_\_\_ Occupation: \_\_\_\_\_

How did you find out about us? \_\_\_\_\_

**PLEASE READ THE FOLLOWING AND SIGN BELOW:**

BRAS Thermography uses a Meditherm Digital Infrared Thermal Imaging camera to provide a 15-minute non-invasive test of physiology. DITI detects the minute physiologic changes that accompany breast pathology.

I understand that Deika King, CCT, does not provide a medical diagnosis, but simply acts as the clinical Thermographer-transmitting digital pictures to EMI, a medical digital infrared thermal imaging service. An M.D. will interpret the images and return the images to BRAS. This evaluation may suggest further medical testing. If further testing is suggested I will consult my physician or health care provider. A doctor to doctor consultation can be arranged between Meditherm and your doctor if necessary.

I give my permission for the Clinical Thermographer at BRAS to take and submit DITI pictures for interpretation. I understand that by doing so, the Clinical Thermographer is not becoming my primary care physician. I understand that my thermography report will be emailed to me so that I can share with my health care practitioner or primary care doctor.

Referring Physician's Name: \_\_\_\_\_

Client Signature \_\_\_\_\_ Date \_\_\_\_\_

Thermographer's Signature \_\_\_\_\_ Date \_\_\_\_\_

*All Clinical Thermographers  
are trained and certified by the ACCT.*

**Significant Past Illnesses:**

Illness	Year(s)	Comments

**Previous Surgery:**

Type of Surgery	Year(s)	Comments

**Present Health Problems: (please indicate current concerns and/or symptoms):**

Medical Problems	Date of Onset	Comments/Concerns/Symptoms

**Present Medications:**

Name of Medications	Taken For	Date Stated

**Family Medical History:**

	Age if Living	Age if Death	Cause of Death	Major Medical Health Problems
<b>Mother</b>				
<b>Father</b>				

Do you participate in regular (*annual/bi-annual*) dental visits?  Yes  No

Any major dental work? \_\_\_\_\_

General overall health currently:  Excellent  Good  Fair  Poor

If *fair* or *poor*, please explain: \_\_\_\_\_

Other Current Treatments: \_\_\_\_\_

\_\_\_\_\_

**PATIENT DISCLOSURE**

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

I understand that the Report generated from my images is intended for use by trained health care providers to assist in evaluation, diagnosis and treatment. I further understand that the Report is not intended to be used by individuals for self-evaluation or self-diagnosis. I understand that the Report will not tell me whether I have any illness, disease, or other condition but will be an analysis of the Images with respect only to the thermographic findings discussed in the Report.

By signing below, I certify that I have read and understand the statements above and consent to the examination.

**Patient Signature** \_\_\_\_\_ **Today's date** \_\_\_\_\_

**Which of the following do you have concerns about and/or want more information about (for you or a family member)?**

- Brain Health     Cellulite     Cleansing     Hormone Balancing     Immune Boosting
- Insomnia     Memory     Neuropathy     Quit Smoking     Skincare
- Exercise     Mood     Stress Relief     Weight Loss     Thyroid

**Do you have any additional concerns?**

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## Authorization to Use or Disclose Protected Health Information

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

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

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

**As required by the Privacy Regulations, *Deika King, Naturopath*, 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 said images**

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**Effective dates** for this authorization \_\_\_\_/\_\_\_\_/\_\_\_\_ through \_\_\_\_/\_\_\_\_/\_\_\_\_. This authorization will expire at the end of this period.

I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond our control.

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

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

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

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

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



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## **NEW THERMOGRAPHY CLIENT INFORMATION**

Thank you for choosing us your Thermography screening. Our goal is to work with you in getting to the “root cause” of your problem. We do our best to make your experience a rewarding one and your feedback is welcomed.

Please take some time to go over these forms and sign where appropriate. Once completed you have the option of emailing them, faxing them or dropping them off at our office. **All documents must be completed when you arrive for your thermography appointment.**

If you choose to email or fax, please call our office to confirm the receipt of your documents.

If any additional information is necessary, you will be called prior to your scheduled appointment.

**Tel. Number: 832-422-7271**

**Fax Number: 713-904-2477**

**Email Address: info@deikakingnd.com**

Love & Health,

Deika King, TND, MH, CCT. PSc.D  
Holistic Breast Specialist & Naturopathic Doctor

Initial \_\_\_\_\_1

# Welcome

## The Owner:

Deika King is a Traditional Doctor of Naturopathy, Master Herbalist, Clinical Thermographer, Health Coach, Integrative Cancer Educator, Doctor of Pastoral Medicine, and Registered Natural Health Practitioner. She specializes in women's breast health and Naturopathic health restoration.

## At your Functional Breast and Body Screening:

You will be required to fill out an assessment specific to the type of appointment you scheduled. You will be required to allow a minimum of 60 minutes for your first appointment and at least 30 minutes for your follow up appointments. Appointments may run longer based on your need and available time. Please make sure that you arrive promptly to your appointment. We request that if you are running late that you call the office and inform us. ***We require that your assessment be completed when you arrive to our office for thermography screening. Please see our cancellation policy prior to confirming your first appointment.***

## Office Fees:

Our office fees are based on the services and time you required with your practitioner. Please call our office or visit our website for specific office fees for services offered.

## Payment:

We are not able to accept insurance, but we will accept Health Savings Accounts, Flex Plans or Cafeteria Plans for Thermography Scans. A credit card on file is required to book an appointment, but will only be charged based on office policies.

- \* All appointments require a 30% reservation fee. This fee will be applied to services rendered on day of appointment and will be paid at time the appointment is scheduled.
- \* Appointments cancelled within 48 hours will be refunded their reservation fee.
- \* No show or late cancellations will be charged the Full Cost of the Thermography appointment.

**Note:** If for any reason, we are not able to obtain payment for missed appointment, or late cancellation with credit card on file; you will not be able to schedule another appointment until all previous payments are paid in full.

**\*\*\*\* To provide better service to our clients, we do not overbook to compensate for no shows; your appointment time is dedicated only to you, therefore, we must bill for missed appointment. We pride ourselves in not having our clients wait 30 minutes before being seen and then spending only 5 minutes as one would experience in a Medical Doctors office. Please be considerate of our time and prep time to see you\*\*\*\***

# **PATIENT PRESCREENING INFORMATION**

Please comply in order to receive the most accurate reading for your scans.

## **3 Months Prior**

No major surgery in area being imaged  
No radiation therapy  
Women: cease pregnancy, lactation and breastfeeding

## **1 Month Prior**

No minor surgery to area being imaged, i.e. biopsy

## **1 Week Prior**

Avoid strong sunlight or tanning session (especially sunburn)

## **24 Hours Prior**

No treatment: chiropractic, mammogram/x-ray, acupuncture, massage, dialysis, physical therapy, electrical muscle stimulation, steam room, sauna, hot or cold pack use.

## **Day of the Exam**

No lotions, powders, or oils on the areas being imaged  
No make-up on face or neck  
No deodorant or antiperspirant  
No shaving of areas to be imaged

## **2 Hour Prior**

No smoking  
No exercise  
No stimulants - caffeine, tea, chocolate, alcohol

## **1 Hour Prior**

No bathing  
No hot or cold food or beverages (room temp is fine)

## **What to Wear**

Loose fitting clothes  
No jewelry  
Hair should be pinned up (we have hair accessories to keep your hair up, if you forget)  
No underwire bra

## **What to Bring**

Intake form and other documents requested for your screening. You may bring in other screening results (mammogram, ultrasound, biopsy, etc.) that relates to your screening.

## ABOUT THE VISIT – OUR PROCESS

When you arrive to your office, we will review your intake forms and any document related to your screening. We may ask you to clarify information on your intake form and we will discuss any concerns you have about either your health or your screening. We will discuss the screening process and get you settled in. You will need to sit long enough to have your body get adjusted to the room temperature before we begin screening. You will be asked to undress based on the type of screening you have scheduled. You will be given directions on positioning for best image results.

Once imaging is completed, we will review the images and discuss them with you. If you are schedule for screening that involves the breast, we will provide you with a breast health prevention booklet and we will review the booklet with you. This is designed to educate client on ways to keep their breast healthy.

## WHO TAKES THE IMAGES?

Your screening will be performed by Deika King. Deika King is not a medical doctor. She is Level II Certified Clinical Thermographer, Traditional Doctor of Naturopathy, Master Herbalist and Integrative Cancer Educator. She received her thermography screening education through the American College of Clinical Thermology (ACCT) which is associated with Duke University.

## WHO PREPARES THE REPORTS?

Our reports are interpreted by a series of medical doctors trained in the study of thermology. These are licensed medical doctors that are required to have continued their education in thermology over the years. To create your report, our interpreting doctors need to consider the information in your intake form, which is why it is important that we review it prior to screening. The doctors write their interpretation in what we call a Report of Findings, which is helpful for your practitioner in designing a health protocol plan specific to your needs.

## RECEIVING YOUR RESULTS

All reports will be received electronically between 2-3 days. You will receive the interpreting doctor's report along with images. If you need your report within 24 hours, we are able to provide urgent reporting for a fee of \$50.

Once you have received your report, we are more than happy to review those with you within 2 weeks of receiving it at no charge. To schedule a phone report review, you will need to visit our website

[www.DeikaKingND.com](http://www.DeikaKingND.com) under book online to schedule your thermography report review. Anything passed 2 weeks will incur a thermography consultation fee of \$50 (15 min.) or \$90 (30 min.)

## SERVICE OPTIONS

\* **Breast – Initial and Annual - \$215**

\* **Women's Wellness - \$340**

\* **Region of Interest - \$190**

\* **Breast Baseline Package (initial & 3mth scan) - \$515**

Includes: 1<sup>st</sup> and 2<sup>nd</sup> scan, breast risk assessment, breast consultation (1hr), Non-invasive assessment, 2-BioMat Detox Sessions, Prevention Education and Booklet, Toxicity Assessment, 10-Day mini eCourse, Scarf, Dry Brush and 1 Supplement.

\* **Comprehensive Package (initial, 3mth and annual scan) - \$835**

Includes, 1<sup>st</sup>, 2<sup>nd</sup>, and Annual thermography breast scans, breast risk assessment, breast consultation (2hrs), Non-invasive assessment, 3-BioMat Detox Sessions, Prevention Education, Toxicity Assessment, 10-Day mini eCourse, Scarf, Dry Brush, Body Composition Analysis, and 3 Supplements.

\* **Breast Baseline (3mths) - \$165**

\* **Full Body Scan - \$470**

\* **Child Region of Interest - \$190**



**BREAST HEALTH KIT OPTIONS (please select one if interested)**

**\* Lumpy Breast Kit (women with lumpy breast) - \$49**

- Vitamin E cream, Vitamin E Supplement, High potency Liquid Iodine, Breast Exercise Instruction, Alkaline food list (based on the type of lump- it may mean your body is acidic and we want to address that the best possible way)

**\* Breast Pro Kit (addresses inflammation) - \$47**

- Breast Massage Oil, natural deodorant, high potency liquid iodine, anti-inflammatory list.

**\* Breast Care Kit (address breast concerns and lymphatic congestion) -\$70**

- Breast massage oil, high potency liquid iodine, vitamin D3, lymphatic dry brush, selenium, breast prevention booklet.

**\* If you have cancer and would like something specifically for your situation, we will need specific information about your complete history to be able to design a kit just for you.**

**I have read and understand the above information and I accept the policies of B.R.A.S. Thermography & Wellness.**

My signature confirms that this information is true.

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