



OBSTETRIC Ultrasound Intake Form

MEND Thermography - (515) 207 - 4803
8515 Douglas Ave Suite 25, Urbandale, IA 50322

Patient Information

Name _____ Age _____ DOB _____
 Address _____ City, State, Zip _____
 Phone _____ E-mail _____
 Gender: Male Female Primary Care Physician _____
 Preferred method of communication: Any E-mail Text Call—may we leave a message? Yes No
 Emergency Contact: _____
 Relationship _____ Phone _____
 Who can we thank for referring you? _____
 How would you like your report sent to you? Secure E-mail Office Pick-up Mail (+\$3.99)

Referral Information

Referring Physician Name _____ Clinic Name _____
 Phone Number _____ Fax Number _____
 We will automatically provide a report to your referring physician. Please contact their office to review your results.

Health Information

Reason for today's appointment: _____
 Current Symptoms/Concerns _____

 List Medical Diagnoses _____

Obstetric History

Date of last menstrual period? _____ Estimated Due Date: _____
 Number of Pregnancies (including current): _____ Number of Births after 20 weeks gestation: _____
 Please list # of: Live Births: _____ Miscarriages: _____ Abortions: _____
 Any history of ectopic pregnancies? No Yes, # _____

I verify the accuracy of the information above. I authorize Mend Thermography to furnish any medical information requested and to release this questionnaire and the images from my scan to Vesta Teleradiology for interpretation. I understand that I am financially responsible for the charges related to this ultrasound examination.

 SIGNATURE OF PATIENT OR PATIENT'S AUTHORIZED REPRESENTATIVE

 DATE



Informed Consent for Obstetric Ultrasound

Please read carefully and sign below if you are in agreement with this consent form.
Please ask questions if there is anything that you do not understand on this consent form.

A prenatal ultrasound is a test that is performed for medical purposes only. An ultrasound, also called a sonogram, is an imaging test used to create pictures of internal organs and structures. A device called a transducer is placed on your skin or a wand is inserted into the vagina. The device transmits sound waves that create pictures on a monitor.

Ultrasounds may be performed at various times during pregnancy in order to:

- Establish the estimated date of delivery
- Determine the number of fetuses
- Diagnose an ectopic pregnancy or miscarriage
- Examine the uterus and other pelvic anatomy
- Examine the fetal anatomy for presence of abnormalities
- Check the amount of amniotic fluid
- Examine blood flow patterns
- Observe fetal activity
- Examine the placenta
- Measure the length of the cervix
- Monitor fetal growth
- Determine fetal position

Types of Exams: Two types of ultrasounds can be performed during pregnancy:

- **Abdominal ultrasound:** Gel is placed on the abdomen and the transducer glides over the gel to create the image. You may need to have a full bladder for abdominal ultrasounds in early pregnancy.
- **Transvaginal ultrasound:** A smaller transducer is inserted into the vagina to create an image. A transvaginal ultrasound produces a sharper image and is often used in early pregnancy. This is similar to having a pelvic examination and some mild discomfort may be experienced.

Risks

- No adverse fetal effects of an obstetric ultrasound have been demonstrated in humans after decades of clinical use.
- Mild discomfort may be experienced due to pressure from the transducer on the abdomen or in the vagina. No radiation is used during the procedure.
- Transvaginal ultrasound requires covering the ultrasound transducer in a non-latex sheath and does not pose a risk to women with an allergy to latex.

Limitations

- It is possible that fetal birth defects that are present may not be seen or may be falsely reported during an obstetrical ultrasound examination.
- Ultrasound's ability to detect fetal abnormalities may be limited by gestational age, fetal position, and by the mother's weight.
- Neither a normal ultrasound exam nor the results of any other prenatal test guarantees a normal, healthy baby.
- Ultrasound cannot accurately determine gender in all cases and is not performed specifically for this purpose.

I certify that this form has been fully explained to me, that I have read it or had it read to me, and that I understand its contents. I have had the chance to ask questions. All my questions and concerns have been answered to my satisfaction.

Patient Signature: _____ Date: _____

Printed Name of Patient: _____



Informed Consent for Diagnostic Ultrasound

Please read carefully and sign below if you are in agreement with this consent form.

Please ask questions if there is anything that you do not understand on this consent form.

I understand:

- Throughout this informed consent document, Mend Integrative Wellness Center LLC (DBA Mend Thermography) together with any and all employees and independent contractors is referred to as "MEND."
- Ultrasound is an imaging method that uses sound waves to create pictures or videos of the inside of your body. According to the FDA, ultrasound imaging has been used for decades and has an excellent safety record. It is based on non-ionizing radiation, so it does not have the same risks as other types of imaging systems that use ionizing radiation. Although ultrasound imaging is generally considered safe when used prudently by appropriately trained health care providers, ultrasound energy has the potential to produce biological effects on the body. Ultrasound waves can heat the tissues slightly. In some cases, it can also produce small pockets of gas in body fluids or tissues (cavitation). The long-term consequences of these effects are still unknown. By signing this consent form I accept all potential risks associated with ultrasound screening.
- Ultrasound is not the same as and does not replace other radiology assessments, mammography, blood labs, or any other forms of testing.
- I understand that no health evaluation/imaging is perfect and screening is NOT 100% accurate. False positives can occur with any type of screening test. Age, breast structure, body habitus, or other circumstances may limit the ability to detect all abnormalities and result in a false negative. I waive any liability to MEND should I have a false negative or false positive report.
- Some ultrasound tests have prescreening requirements (ie – fasting, water intake). I have been given a preparation sheet with instructions to ensure the most accurate ultrasound evaluation possible. If I fail to comply with these prescreening requirements, I take full responsibility and know that this can compromise my results.
- During my ultrasound exam, I may be required to remove certain garments and wear a gown. I also understand that the technologist performing my exam must maintain a close proximity to me during the examination and must engage in contact with the area to be examined to satisfy the logistical requirements for successful completion of the exam. I understand that this is necessary and will be executed in a strictly professional manner with respect to my dignity and privacy. I waive any liability to MEND should I suddenly find objection to this during my examination.
- My exam will be performed by a Registered Diagnostic Medical Sonographer. A board-certified Radiologist will review my images and the written results will be faxed to the referring provider. Ultrasound reports include written results of the findings but no images. A flash drive of the images may be requested by your physician. I understand I should contact my physician's office to get results of my ultrasound.
- I am fully aware that ultrasound technicians at MEND are not physicians and are not responsible for my medical care and medical decisions. I understand that any medical providers on staff at MEND are not my personal medical providers unless I have previously established care with them and remain actively under their care. I understand and agree that staff member(s) or independent contractor(s) will not make decisions on my behalf and is not to be held responsible for any decision I choose to make after reviewing my report, and that any further testing, evaluation, and explanations should be deferred to my doctor.

- 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 am responsible for my own decisions regarding my health, wellness, and nutrition. Therefore, MEND cannot be held responsible for any decisions I make. MEND is not responsible for any supplements/care products I use or purchase through their store or online dispensary. I understand that I should talk with my physician before using any supplements or making lifestyle changes.
- MEND reserves the right to revise its Notice of Privacy Practices at any time. A revised Notice of Privacy Practice may be obtained by forwarding a written request to MEND THERMOGRAPHY at 8515 Douglas Ave Suite 25, Urbandale IA 50322.
- I hereby give my consent for MEND to use and disclose protected health information (PHI) about me to carry out treatment, payment, and health care operations (TPO). With this consent, MEND may email, mail, or call and leave a message on voicemail or in person in reference to any items that assist the practice in carrying out TPO, such as appointment reminders, and any calls pertaining to my clinical care. No test results, however, will be left on voicemail or with any person without a specific request by me to do so. I have the right to request that MEND restrict how it uses or discloses my PHI to carry out TPO. However, the practice is not required to agree to my requested restrictions, but if it does, it is bound by this agreement. By signing this form, I am consenting to MEND use and disclosure of my PHI to carry out TPO. I may revoke my consent in writing except to the extent that the practice has already made disclosures in reliance upon my prior consent.
- MEND will keep my information confidential unless I provide a written release or as required by law (HIPAA).

By signing below, I certify that I have read and understand the statements above, I have received satisfactory answers to all questions I may have had, and I consent to the ultrasound examination.

Patient Signature: _____ Date: _____
Printed Name of Patient: _____



Payment Agreement & Financial Policy Diagnostic Ultrasound

CLIENT NAME: _____ **DATE OF BIRTH:** _____

CHARGES: I understand that I am and will be responsible for all charges related to the services provided to me by Mend Integrative Wellness Center LLC (MEND THERMOGRAPHY); and that the charges presented to me are due in full at the time of my appointment, unless previous arrangements have been made. Mend Thermography accepts cash, check, and all major credit cards for payment. I understand that the charge for this appointment includes: single ultrasound exam and radiology report. All other follow-up tests, imaging, bloodwork, or medical appointments are not included in this fee and it is my sole responsibility to pay for any additional workup that is done.

INSURANCE: Mend Thermography does not file insurance. If I have received a doctor's order for this exam, I will receive a detailed receipt to submit to my insurance. If ultrasound is covered by my insurance policy, it is my sole responsibility to file and obtain reimbursement from my insurance company and that it is still not a guarantee of coverage. If requested, you will be provided with a basic receipt of payment and description of the service rendered. Flexible Spending Account, health Savings Account and Aflac have accepted and reimbursed for various health screenings, this however is not a guarantee of coverage.

By signing below, I agree to Mend Thermography's financial policy and payment agreement and will provide payment for services.

Patient Signature: _____ Date: _____

Printed Name of Patient: _____