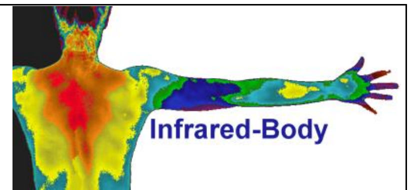
Mobile Medical Thermography Imaging
Confidential Questionnaire



Men's Full Body Study

Name ______________________________________ Birth Date ____________________

Address_________________________________ City_____________ State_______ Zip________

Phone Number (home)________________(cellular)_______________(work)_________________

Email_____________________________________ Referral?______________________________

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

Yes No

Head & Neck

1. Do you suffer with headaches? ___ ___

   If yes, once a month or less ___ more than once a month ___

2. Do you have known allergies? Food ____ Environmental___ ___ ___
3. Do you have TMJ or does your jaw click? ___ ___
4. Do you currently have a cold? ___ ___
5. Are you being treated for a thyroid disorder? Type_______ ___ ___
6. Do you have neck pain? ___ ___
7. Do you have upper back pain? ___ ___
8. Do you have a known history of carotid artery disease? ___ ___
9. Do you have a family history of stroke? ___ ___
10. Do you currently suffer with sinus problems? ___ ___
11. Do you have history of dental problems? ___ ___

    Root canals ____ Gum disease ____ Implants ____

    Non-replaced extractions ____ Dentures ____

12. Have you had dental cleaning in the past 7 days? ___ ___

Do you have any special concerns or are there any details related to the information above?

Chest, Heart & Lungs

1. Have you been diagnosed with:	Yes	No
Heart disease?	___	___
Lung disease?	___	___
Upper spine disorders?	___	___
2. Do you suffer with upper back pain?	___	___
3. Do you suffer with chest pain?	___	___
4. Have you ever had surgery to your:		
Heart?	___	___
Lungs?	___	___
Mid to upper back?	___	___
5. Do you have asthma or shortness of breath?	___	___
6. Do you currently smoke?	___	___
7. Have you smoked in the past 5 years?	___	___

Abdomen & Lower Back

1. Do you suffer with acid reflux or other digestive problems? Yes___ No___	Have you had surgery or disease in the:
2. Do you suffer pain in the:	Stomach? Yes___ No___
Stomach? Yes___ No___	Spleen(Upper Left) ? Yes___ No___
Below R Breast? Yes___ No___	Liver(Upper Right) ? Yes___ No___
Below L Breast? Yes___ No___	Kidneys ? Yes___ No___
Abdomen? Yes___ No___	Intestines ? Yes___ No___
Lower Back? Yes___ No___	Abdomen ? Yes___ No___
Pelvic Region? Yes___ No___	Lower Back? Yes___ No___
	Pelvic Region? Yes___ No___

Have you consumed alcohol in the past 24 hours? Yes___ No___

Legs & Feet* - *Check only if "Yes"

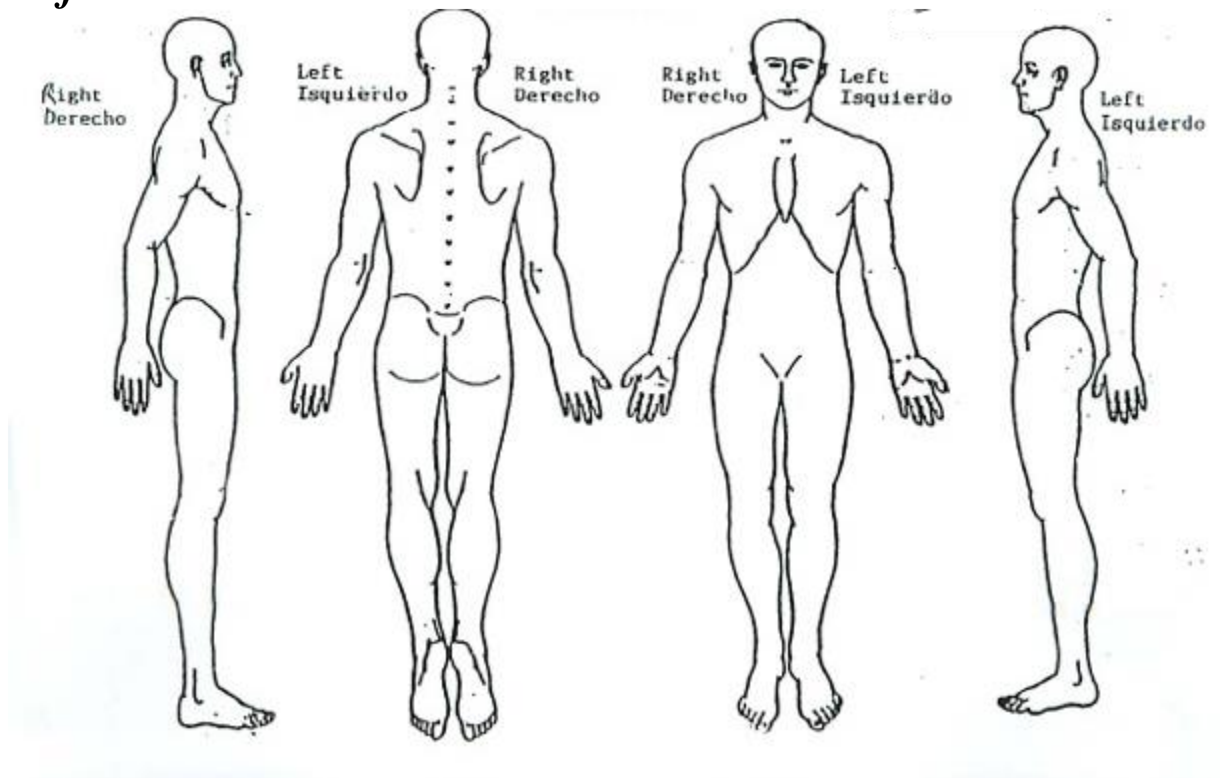
1. Do you suffer **pain** in the:	2. Have you had **surgery** to:
Leg? LT___ RT ___	Leg? LT___ RT ___
Sciatica? LT___ RT ___	Sciatica? LT___ RT ___
Buttocks/Hip? LT___ RT ___	Buttocks/Hip? LT___ RT ___
Knee? LT___ RT ___	Knee? LT___ RT ___
Ankle? LT___ RT ___	Ankle? LT___ RT ___
Feet? LT___ RT ___	Feet? LT___ RT ___

Arms & Hands - Check only if "yes

1. Do you suffer **pain** in the:	2. Have you had **surgery** to:
Shoulder? LT___ RT ___	Shoulder? LT___ RT ___
Elbow? LT___ RT ___	Elbow? LT___ RT ___
Arm? LT___ RT ___	Arm? LT___ RT ___
Hand? LT___ RT ___	Hand? LT___ RT ___

Do you have any special concerns or are there any details related to the information above?

Areas of Pain



Areas of Pain

Do you have any special concerns or are there any details related to the information above?

Client Disclosure

Breast thermography is a non-contact, private and non-invasive procedure. The value of thermography as a study tool is its ability to measure skin temperature changes**. It offers men and women information that no other procedure can provide regarding breast health.**

Breast thermography is not a replacement for or alternative to mammography or any other form of breast imaging. Breast thermography, mammography or breast ultrasounds are complementary procedures; one **test does not replace the other.** Breast thermography is meant to be used in addition to other tests or procedures.

Thermography captures and records temperature variations on the skin, which provides vital information directly influenced by complex metabolic and vascular activity. This information **does not in any way suggest diagnosis and/or treatment**. Studies show that the patient benefits when multiple tests are used together. This multimodal approach includes breast self-examinations, physical breast exams by a doctor, mammography, ultrasound, MRI, thermography, and other tests that may be ordered by your doctor. ***A reported "Elevated Level of Concern" finding does not indicate that it is suspicious for any specific disease.*** However, any suspicious finding will be accompanied with a strong and intentional recommendation for further clinical evaluation. If you detect a lump or any other change in your breast before your next thermogram study, consult your doctor immediately.

Notice to clients presenting with previously diagnosed cancer: Thermography interpretation in your report **does not include information or recommendations related to the measured changes of disease beyond skin temperature changes and patterns**. As there is no single known test capable of monitoring all biological influences of the complex disease generally diagnosed as cancer, **continued monitoring with available additional testing as recommended by your personal physician is strongly advised. Your Thermographer cannot interpret your images or advise or prescribe to you based on your images.** Your thermographer can ask health history questions as well as educate you on general breast health.

By Signing below, I certify that I have read and understand the statement above and consent to the Men's Full Body Study.

Client Signature ____Today's Date_____________________