

# Total Medical Thermography, LLC

## Confidential Questionnaire

### *Men's Full Body*

Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number (home) \_\_\_\_\_ (cellular) \_\_\_\_\_ (work) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Referring Physician: \_\_\_\_\_

*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 a history of dental problems? \_\_\_ \_\_\_  
Root canals \_\_\_ Gum disease \_\_\_ Implants \_\_\_  
Non-replaced extractions \_\_\_ Dentures \_\_\_
12. Have you had any 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:                   | <b>Yes</b> | <b>No</b> |
| 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?            | ___        | ___       |
| 8. Have you consumed alcohol in the past 24 hours? | ___        | ___       |

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

## ***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 ___

## ***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 ___

Knees? LT ___ RT ___	Knees? LT ___ RT ___
Ankles? LT ___ RT ___	Ankles? LT ___ RT ___
Feet? LT ___ RT ___	Feet? LT ___ RT ___

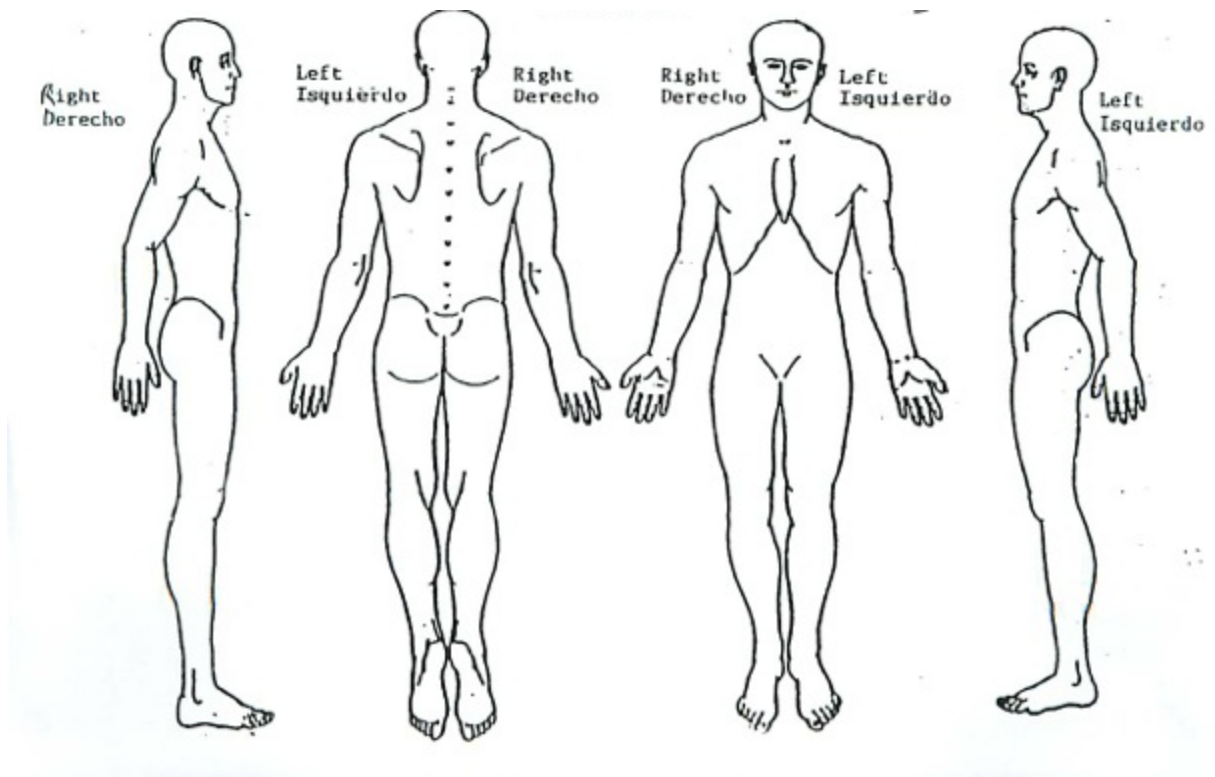
Do you have any special concerns or are there any details related to the information above?

### Arms & Hands

Check only if "Yes"

1. Do you suffer with pain in the:	LT	RT	2. Have you had surgery to:	LT	RT
Shoulder?	___	___	Shoulder?	___	___
Elbow?	___	___	Elbow?	___	___
Arm?	___	___	Arm?	___	___
Hands?	___	___	Hands?	___	___

### Areas of Pain



### Areas of Pain

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

## Client Disclosure

Total thermography is a 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 whole body health.**

Total 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.

**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 may not be a licensed medical professional. **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 health.

*By Signing below, I certify that I have read and understand the statement above and consent to the examination. I am not an undercover agent or acting on behalf of law enforcement.*

Client Signature \_\_\_\_\_ Today's Date \_\_\_\_\_