



TRUE ADVANTAGE
IMAGING 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 history of dental problems? | _____ | _____ |
| Root canals _____ Gum disease _____ Implants _____ | | |
| Non-replaced extractions _____ Dentures _____ | | |
| 12. Have you had dental cleaning in the past 7 days? | _____ | _____ |
| 13. Have you been diagnosed with elevated cholesterol | _____ | _____ |

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

Chest, Heart & Lungs

- | | Yes | No |
|---|------------|-----------|
| 1. Have you been diagnosed with: | | |
| 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 been diagnosed with scoliosis? | — | — |
| 5. Have you ever had surgery to your: | | |
| Heart? | — | — |
| Lungs? | — | — |
| Mid to upper back? | — | — |
| 6. Do you have asthma or shortness of breath? | — | — |
| 7. Do you currently smoke? | — | — |
| 8. Have you smoked in the past 5 years? | — | — |
| 9. Do you suffer with shoulder pain? If yes; mark below | — | — |

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	3. 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

- 4 Have you consumed alcohol in the past 24 hours? — —

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

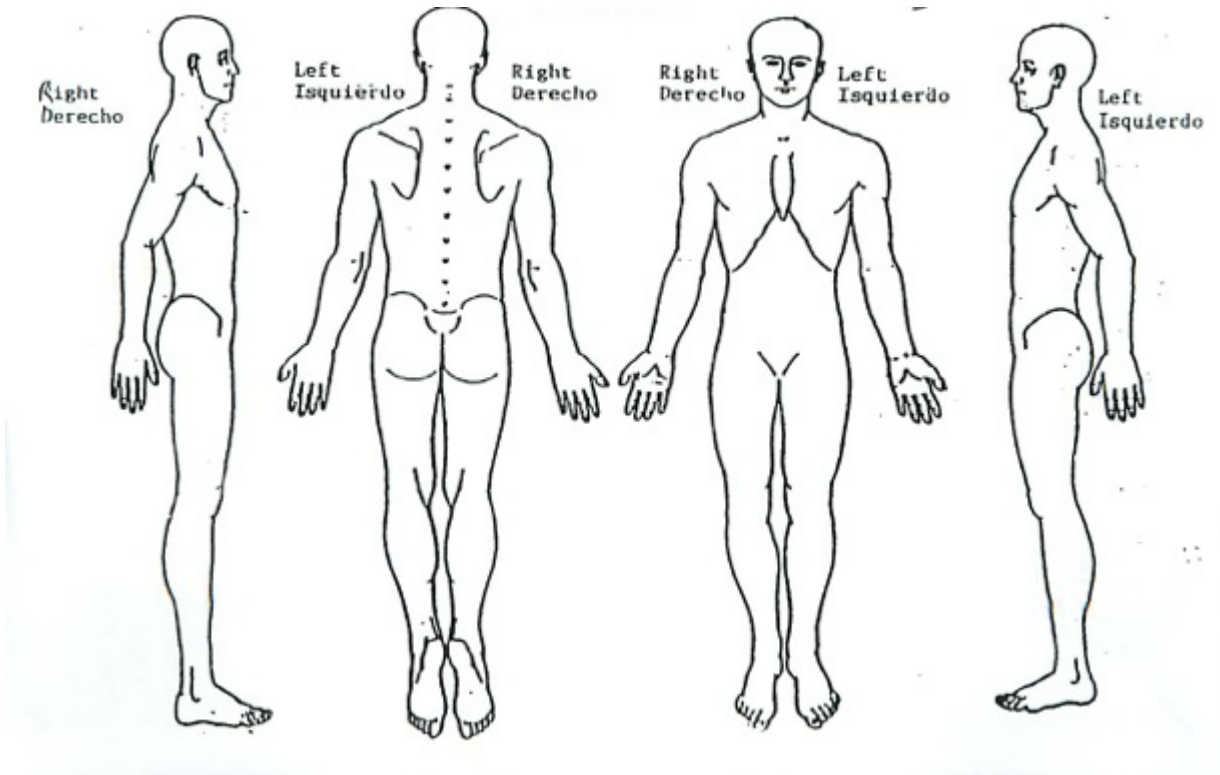
Do you have any special concerns or are there any details related to the information above?

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

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 general health.**

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 and other tests that may be ordered by your doctor.

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 breast 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 _____