Confidential Questionnaire

Men's Health Study

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?

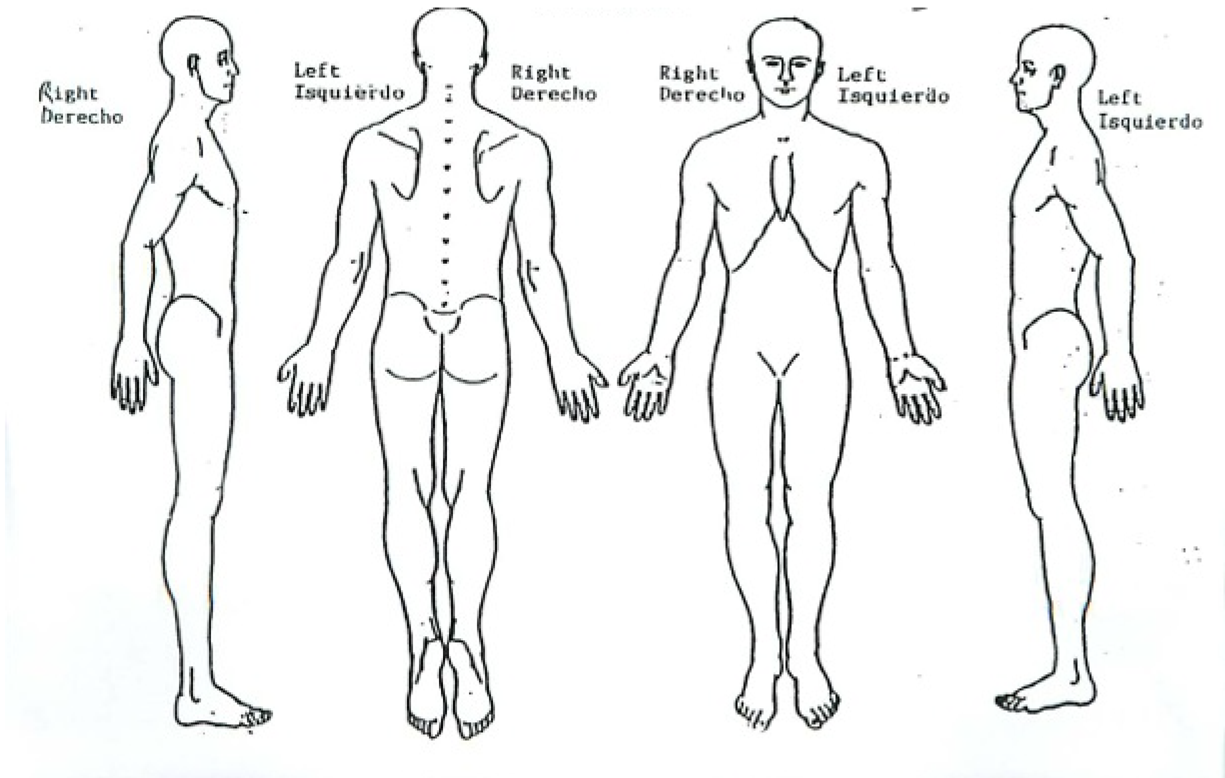
Abdomen & Lower Back

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? Yes___ No___

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

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 breast 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, thermography, 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________________