

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?

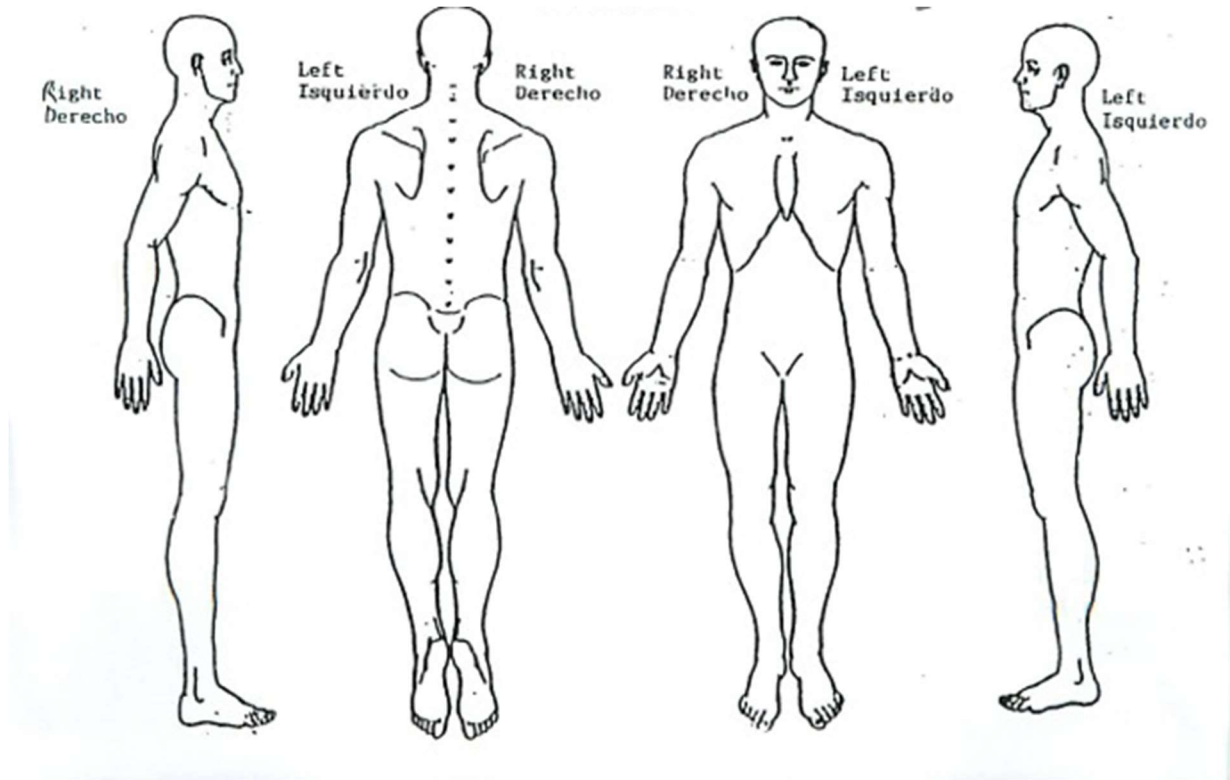
Abdomen & Lower Back

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 _____