

# 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? \_\_\_ \_\_\_

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?       | ___        | ___       |

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

**Abdomen & Lower Back**

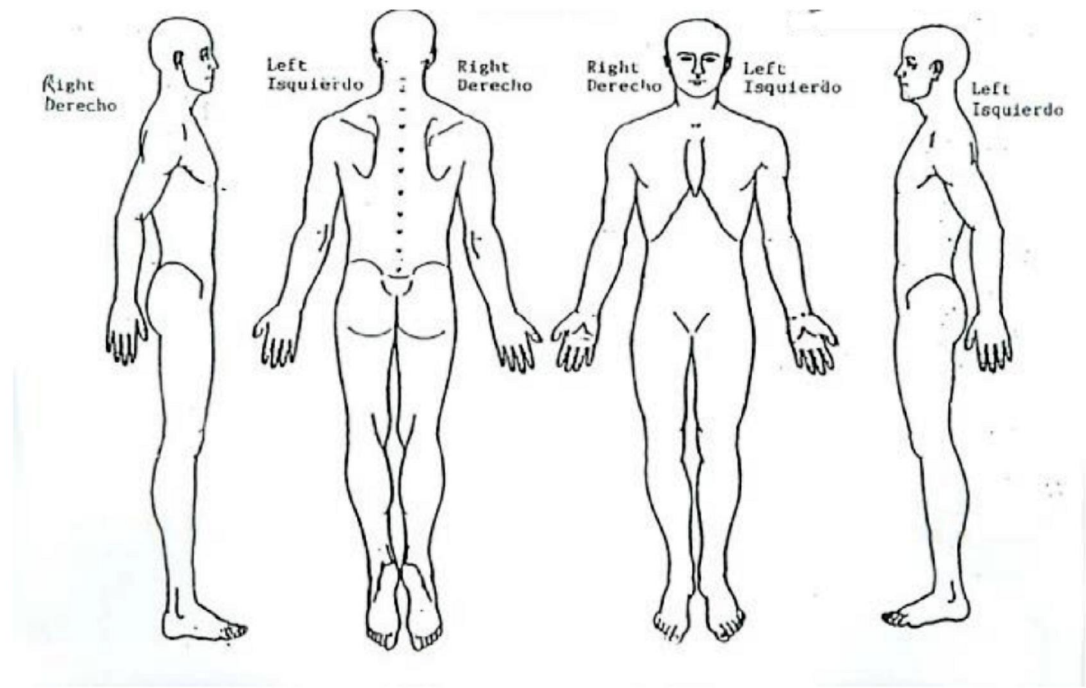
1. Do you suffer with acid reflux or other digestive problems?      Yes    No	Have you had surgery or disease in the:		
2. Do you suffer pain in the:	Stomach?	Yes	No
Stomach?      Yes    No	Spleen (Upper Left)?	Yes	No
Below R Breast?    Yes    No	Liver (Upper Right)?	Yes	No
Below L Breast?    Yes    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

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**



**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 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 \_\_\_\_\_