Full Body and Pain History

Name:		Age:	_ Date of Scar	u
Date of Birth:	Sex:	FO MO	Initial Exam: □	Follow-up Exam □
Mark the location of symp	otoms with an "X" and	label it as	sharp, dull, burni	ng, aching, etc.
Please Note Level of Pai				. 10
02 Mild: Annoyance	44 Moderate:	5	tions Severe:	Pain Killers Needed
Describe your symptoms:				
How and when did this sta	irt?			
Were you examined for th	is complaint? Date an	d Results		
What increases your symp	otoms?			

What decreases your symptoms?	_
What medications are you taking?	
List any treatments you have had:	
List any other medical conditions:	1000000
List any past surgeries:	
List and describe the location of any rash or marking on your body:	
Please do not write in this section Tech: F Laboratory Temperature:	_C
Additional Technician Notes	
	0.000
	2020
	0.0

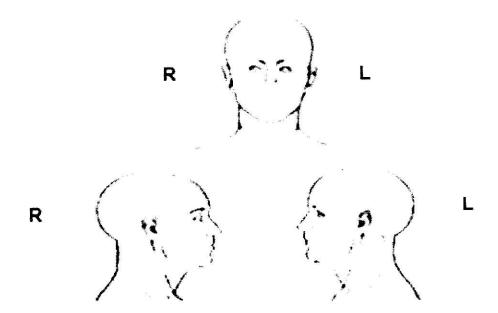
INFORMED CONSENT FOR TESTING PROCEDURE

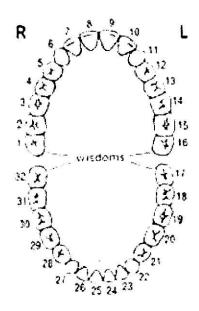
content of the thermal imaging report and its accompanying reporting guide.	
By signing this Statement of Independent Operations, I understand and agree with the foregoing and further agree the Robert L. Kane, D.C., D.A.B.C.T., dba Kane Thermal Imaging Interpretive Services is only responsible to me for	it Dr. r the
I understand and agree that Robert L. Kane, D.C., D.A.B.C.T., dba Kane Thermal Imaging Interpretive Services (collectively referred to as "Kane Interpretive Services") is a California based company that contracts with the provid your imaging services solely for the purpose of interpreting and reporting thermal imaging scans. Your provider is not employee, officer, director, partner, representative or agent of Kane Interpretive Services. Nor is Kane Interpretive Services an employee, officer, director, partner, representative or agent of your provider. Kane Interpretive Services wholly separate business entity from your provider and does not oversee or supervise your provider's thermogroperations. Kane Interpretive Services is not involved in the design, manufacture, marketing, sale, rental, distributing installation, inspection, repair or modification of any machinery or products used by your provider. Rather, Interpretive Services is an independent contractor hired by your provider solely to interpret thermal imaging data arreport the results. Kane Thermal Interpretive Services does not control, nor have the right to control, your providusness, including its equipment, operations, advertising and/or representations. Kane Interpretive Services make promises, warranties or representations, express or implied, as to your provider's services. In addition, Kane Interpretive Services owes no duty of care to me in connection with provider's services, including no duty to screen provider, no dup to investigate, communicate or mitigate any reprovider's services for my own safety and protection.	er of ot an etive is a aphy ation, Kane and to der's s no etive ity to isks,
STATEMENT OF INDEPENDENT OPERATIONS:	
procedure; (5) I understand no guarantee or warranty is being made that all risk for current and/or future injury or disc will be detected; and (6) I hereby authorize and consent to thermal imaging. Print Name Signature Date	ase
By signing below, I hereby acknowledge that (1) I have read and understood each of the above paragraphs; (2) I have an opportunity to ask any questions I may have had; (3) any questions I asked were answered to my satisfaction; have received sufficient information with respect to thermal imaging to make an informed decision to undergo	(4) 1
I confirm that I have followed the written pre-examination protocols for thermal imaging provided to me before examination. I understand that if I did not receive and follow these protocols, the accuracy of my examination ma compromised. Initial	the y be
I further understand that not all organ systems, dental conditions, and medical conditions will produce thermal findings will enable detection. Therefore I understand that this test cannot determine if an organ or the body is diseased or her and it cannot diagnose disease. It is a functional test which may provide general regions to evaluate more thoroughly health care provider. It cannot replace or rule out the need for examination or additional testing. Initial	aitny
I understand that thermal imaging does not and cannot directly detect or be used to diagnose injury or disease of any and that the information is designed to be used with other examinations as an aid to the diagnostic process. Nor can it out the presence of injury or disease since some conditions do not produce sufficient temperature changes at the sur of the body to be seen with thermography. Therefore, injury or disease may still be present despite a lack of the findings present on examination. All concerns require evaluation by a doctor regardless of the thermal imaging results. of thermography as a stand-alone detection examination is not recommended as it can result in the failure of an exist condition to be detected. Initial	ruie face mal Use

Cranial Health History

Name:		Age:		Date of Scan:	
Date of Birth:	Sex:	F□	M□	Initial Exam □	Follow-up Exam □
Please describe any current concerns with:					
Face and Anterior neck:					
☐ Facial Pain☐ Facial Numbing☐ Sinus Concerns☐ Allergies☐ Headaches	□Tooth/Tooth Socket Pain □ Thyroid			ain □T M JPa □ Lymph	in or Clicking Node
☐ Please Describe	2 2 2 2 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3 3				

Place an "x" on the diagram in the area of concern.





History of:	□None						
☐ Stroke	☐ Cardiovascul	ar Disease	□ Diz	ziness		Fainting	
	Root Canal □Yes				on □Ye	es 🗆 No	
Please Des	scribe:						
		Please	do not writ	te in this s	ection		
Tech	Steple	Patient	T =	F		Laboratory Temperature	c
	***************************************	Add	itional Tec	hnician No	otes		
7		(12)					
		575-3W					

INFORMED CONSENT FOR TESTING PROCEDURE

Thermal imaging is a technology which mea analyzed to provide physiological information	asures the surface temperature of the as an adjunct to standard screening	he body using infrared cameras and is and diagnostic testing. Initial $__$ \bigvee
I understand that thermal imaging does not an and that the information is designed to be usually out the presence of injury or disease si surface of the body to be seen with thermothermal findings present on examination. All results. Use of thermography as a stand-alor an existing condition to be detected. Initial	sed with other examinations as an a ince some conditions do not produc- ography. Therefore, injury or disease concerns require evaluation by a d ne detection examination is not recon	e sufficient temperature changes at the may still be present despite a lack of loctor regardless of the thermal imaging
I further understand that not all dental, thyrothat will enable detection. Therefore I under healthy and it cannot diagnose disease. It thoroughly by a health care provider. It cannot linitial	erstand that this test cannot determ is a functional test which may pro	line if these structures are diseased or ovide general regions to evaluate more
I confirm that I have followed the written examination. I understand that if I did not recompromised. Initial	pre-examination protocols for them eceive and follow these protocols, the	nal imaging provided to me before the he accuracy of my examination may be
By signing below, I hereby acknowledge that had an opportunity to ask any questions I may have received sufficient information with reprocedure; (5) I understand no guarantee or will be detected; and (6) I hereby authorize a	y have had; (3) any questions I aske espect to thermal imaging to make warranty is being made that all risk t	d were answered to my satisfaction; (4) I e an informed decision to undergo the
Print Name	Signature	Date
STATEMENT OF INDEPENDENT OPERA	ATIONS:	
I understand and agree that Robert L. Kane, I referred to as "Kane Interpretive Services") is services solely for the purpose of interpreting a director, partner, representative or agent of officer, director, partner, representative or agentity from your provider and does not overservices is not involved in the design, manumodification of any machinery or products a contractor hired by your provider solely to interpretion of any machinery or products a contractor hired by your provider solely to interpretion, as to your provider's services. In additional provider's services, including no duty to screen and no duty to investigate, communicate or miduty of reasonable care to select, screen and the services of the services.	s a California based company that co- and reporting thermal imaging scans. Kane Interpretive Services. Nor is K- ent of your provider. Kane Interpretive see or supervise your provider's ther ufacture, marketing, sale, rental, distr used by your provider. Rather, Kane impret thermal imaging data and to report thermal imaging data and to reportive Services makes no promises, ition, Kane Interpretive Services owes on provider, no duty to protect or warm of itigate any risks, known or unknown, re- monitor provider's services for my own-	ntracts with the provider of your imaging Your provider is not an employee, officer, ane Interpretive Services an employee, a Services is a wholly separate business imagraphy operations. Kane Interpretive ribution, installation, inspection, repair or Interpretive Services is an independent out the results. Kane Thermal Interpretive ass, including its equipment, operations, warranties or representations, express or in o duty of care to me in connection with me of any actions or inactions of provider elating to provider's services. I assume all in safety and protection.
Robert L. Kane, D.C., D.A.B.C.T., dba Kane in of the thermal imaging report and its accompa		is only responsible to me for the content
Print Name	Signature	Date