



Confidential Questionnaire

Abdomen & Lower Back

Name Birth date Today's Date

Address City State Zip

Phone Number Home Cellular Work

Referring Physician Imaging Date

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

What are your concerns?

Empty text box for concerns

Yes No

Do you suffer with acid reflux?

Do you have pain in the:

Stomach?

Below the right breast?

Below the left breast?

Abdomen?

Lower back?

Have you had surgery or disease in the:

Stomach?

Spleen? left upper quadrant

Liver? right upper quadrant

Kidneys?

Intestines?

Abdomen?

Lower Back?

Procedure: You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings. Your thermal imaging baseline reports will provide information about current and future conditions only and does not diagnose breast disease. Thermal imaging should be correlated with other medical investigative methods to better direct definitive testing for diagnosis and treatment. It does not replace any other breast examination.

Patient Disclosure: I understand that the report generated from my images is intended for use by a trained health care provider to assist in evaluation and treatment. I further understand that the report is not intended to be used by myself for self-evaluation or self-diagnosis. I understand that the report will not tell me whether, I have any illness, diseases, or other condition, but will be an analysis of the images with respect only to the thermographic findings discussed in the report.

By signing below, I certify that I have read and understand the statement above and consent to the examination

Patient signature Today's date