

THERMO-TECH INC.

BREAST THERMOGRAPHY INTAKE FORM

Client Number _____ Retake Date _____ Date _____

Female _____ Male _____ Ethnicity _____ Location of Screening _____

First Name _____ Last Name _____ Maiden Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Fax _____ Birth Date _____ Birth Place _____ Age _____

M - D - Yr

Referring Physician _____ Patient's E-mail _____

Permission to email report my Thermography report, signature _____

PATIENTS MEDICAL HISTORY

Reproductive History:

Pregnant now _____ Days since last menses _____ Menstrual Start Age _____

Menstrual Stop Age _____ Caused From: Menopause _____ Hysterectomy _____ Other: _____

Date of Hysterectomy _____ Reason _____

Nursing History:

Were you breast fed (Y/N) _____ Are you lactating (Y/N) Start Date _____ Recent End Date: _____

Pregnancies:

How many total: _____ Miscarriages/Abortions: _____ Full Term birth: _____ Pre-Term Births: _____

Month's nursed/Pumped for each child _____

Breast Information: Please all breast related information with dates and which breast

<u>Event</u>	<u>Left</u>	<u>Right</u>	<u>Both</u>	<u>Date</u>	<u>Result/Complication</u>
Trauma or Injury	_____	_____	_____	_____	_____
Cyst aspirated	_____	_____	_____	_____	_____
Biopsy	_____	_____	_____	_____	_____
Augmentation	_____	_____	_____	_____	_____
Reduction	_____	_____	_____	_____	_____
Reconstruction	_____	_____	_____	_____	_____
Other	_____	_____	_____	_____	_____

Current Breast Symptoms (Circle Left, Right or Both) Please feel free to explain in detail.

Breast pain L - R - B _____

Tenderness L - R - B _____

Lumps L - R - B _____

Discharge L - R - B _____ Type _____

Anything else you would like to tell us about your breast? _____

Referred By: _____

PLEASE CONTINUE ON OTHER SIDE

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BREAST THERMOGRAPHY INTAKE FORM

CONTINUED

Patient Name _____ Client Number _____

Environmental History

<u>Hormone</u>	Currently	Past No. Years	Toxin Exposure: Type: _____ How long? _____
Natural	_____	_____	<u>Amalgam Fillings</u> : Number: _____ How long? _____
HRT	_____	_____	Cigarette smoking now? _____ How long? _____
Thyroid	_____	_____	Cigarette smoking in pass? _____ How long? _____
Birth Control pills	_____	_____	Any other substance abuse? _____ How long? _____
Other Hormones	_____	_____	Type _____

How is your health in general? (Circle) Good-Fair-Poor **Explain:** _____

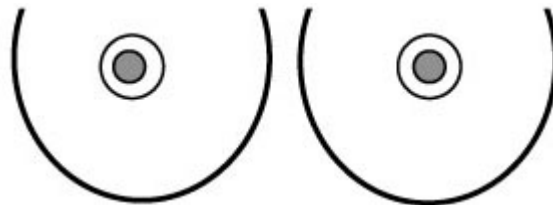
Is there any other health concerns? _____

Do you get regular mammography? (Y/N) How many total? _____ Starting age? _____
 Have you received a suspicious mammogram? _____ Date _____ Which breast? (Circle) Left Right Both
 Result Description _____

Have you ever been diagnosed with cancer of any kind?
 Diagnosis _____ Date _____ Breast Left Right Both _____
 Description _____
 Lymph Involvement _____ Other Organs _____
 Treatment _____ Plans _____

Family History-Has any member of your family been diagnosed with cancer? Yes _____ No _____
 If yes, whom and what type of cancer? _____
 Have you ever had a Thermography? _____ Date and Results: _____

DIAGRAM OF PATIENTS BREAST (OFFICE USE ONLY)



Right Breast

Left Breast

+++ = Surgery # = Scars 0 = Lumps A or B = Aspiration/Biopsy ® = Reconstruction

I am aware that Nancy Gardner-Heaven TMT is not a medical doctor and cannot diagnose breast cancer. She is certified by the American Board of Thermology at Auburn University using the *Marseilles Classification* a proven scientific study for evaluating the thermal images with their corresponding rated of accuracy using the TH-1-TH-5 rating. This technique has been proven to have a 9% error rate for both false positive and false negative. I am informed that only a histology report can tell at 100% accuracy if a cell is malignant. All images taken in this study are the property of Thermo-Tech Inc. I will be provided a written report for my own use. If I have any complaints about this service or treatment, I agree to have a mediator resolve it and thus relinquish rights to trial. My signature below signifies my agreement with this contract.

Signature: _____ **Date** _____
 My signature here is acknowledgement that I agree with the statement above in full as a waiver of my options for a trial.