

Thermo-Tech Inc.

FULL BODY THERMOGRAPHY INTAKE FORM

Client Number _____ Retake Date: _____ Date: _____

Female _____ Male _____ Ethnicity _____ Location of Screening: _____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____

Phone _____ Birth Date: _____ Birth Place _____ Age _____

Referring Physician _____ Patient's Email _____

Permission to email report my Thermography report, signature _____

PATIENTS MEDICAL HISTORY

History of Trauma, Accident or Surgical Procedure : (Use other side for more with this format)

<u>Year</u>	<u>Left</u>	<u>Right</u>	<u>Both</u>	<u>Event</u>	<u>Result/Complication</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Personal History of Illness or Medication or Substance Abuse: _____

Family History of Disease (Please place 'X' where applicable)

Heart Disease ___ Cancer ___ Diabetes ___ Stroke ___ Arthritis ___ Thyroid (hyper/hypo) ___ Other ___

Concerns to Address with Screening Today: _____

Referred By _____

I am aware that Nancy Gardner-Heaven is not a medical doctor and cannot diagnose cancer. She is certified by the American Board of Thermology at Auburn University using a scientific study for evaluating the thermal images. This technique has been proven to have a 9% error rate. I am informed that only a histology report of a biopsy 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 the service I receive, I agree to have a mediator resolve it.

Visa or MC Number _____ - _____ - _____ **Expiration Date** _____ **CVS** _____ **Amount \$** _____

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.

17806 Ellen Street - Knights Ferry CA 95361 (209) 881-3044

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