THERMO-TECH INC.

BREAST THERMOGRAPHY INTAKE FORM

Client Number _____ Last Screening Date: _____ Today's Date:_____

Female _____ Male _____ Ethnicity _____ Location of Screening:_____

First Name _____ Last Name _____

Address _____ City _____ State _____ Zip _____
Phone _____Birth Date: _____Birth Place _____ Age _____
Patient's Email _____ Permission to email report to patient _____

PATIENTS MEDICAL HISTORY
Please fill out according to directions

Previous reports from other clinics (Date & Results: _____
Protocol that was recently followed: _____

Reproductive History:
Days since last menses: _____ Pregnant now _____ Menstrual Start Age _____
Menstrual Stop Age_____ **Caused From**: Menopause _____ Hysterectomy _____ Other: _____
Date of Hysterectomy _____ Reason _____

Nursing History: Are you currently lactating: _____ Start Date:_____ Recent End Date:_____

Number of Pregnancies:
Miscarriages/Abortions: _____ Full Term birth: _____ Pre-Term Births: _____ Total Pregnancies_____
Note normal or difficulty breast feeding_____

Breast Information: Please note all breast related information with dates and left or right breast below:

Event	Left	Right	Both	Date	Result/Complication
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 _____
Anything else about your breast? _____
_____
Referred By: _____

Please continue on PAGE 2.>>>

P.O. Box 891 - Knights Ferry, CA 95361 (209) 881-3044

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Patient Name _____ **Client Number** _____

History of taking Hormones, Self Medicating or Exposure to Toxins:

Hormone	Currently	Past # Years
Bio-Identical	_____	_____
HRT	_____	_____
Thyroid	_____	_____
Birth Control pills	_____	_____
Other Hormones	_____	_____
Currant Hormones	_____	

Toxin Exposure: Type: _____ How long?_____
Amalgam Fillings: #:_____ How long?_____
Cigarette smoking now? _____ How long?_____
Alcohol or substance abuse? _____
Stress factors? _____
Sleep deprivation? _____
Depression or Trauma: _____

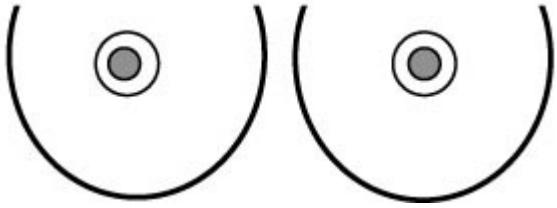
How is your health in general? (Circle) Good-Fair-Poor **Explain:** _____
_____

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 _____ Which Breast- Left, Right or Both____
Description _____(Circle) Estrogen, Progesterone or HER2 Positive?
Lymph Involvement _____ Other Organs _____
Treatment _____ Plans _____

Family History-Has any member of your family been diagnosed with cancer? Yes _____ No _____

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 an MD and cannot diagnose cancer. She is certified by the American Board of Thermology at Auburn University using the *Marseilles Classification* a proven scientific study for evaluating thermal images with their corresponding rated of accuracy using the TH-1 to TH-5 rating. This technique has been proven to have a 9% error rate. 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 with images for my own use. I have been informed that all staff of Thermo-Tech Inc. follow HIPPA rules for patient's privacy. If I have any complaints about this service or treatment, I agree to have a mediator resolve it and thus relinquishes rights to trial. My signature below confirms 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.

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