Thermo-Tech Inc.

FULL BODY 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

History of Trauma, Accident or Surgical Procedure: Use other side for more - following this format

Year	Body Location	Event	Result/Complication
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Personal History of Illness or Medication or Substance Abuse or Health Concerns: _____
_____
_____
_____

Family History of Disease (Please place 'X' where applicable)
Heart Disease ___ Cancer ___ Diabetes ___ Stroke ___ Arthritis ___ Thyroid (hyper/hypo) __ Other___

Concerns to address for screening: _____

Referred By _____

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.