Thermo-Tech Inc.

FULL BODY THERMOGRAPHY INTAKE FORM

Female	Client Number	Last Screening Date:		Today's Date:	
Address	Female Male _	Ethnicity	Location of Screenin	g:	
Phone Birth Date: Birth Place Age Patient's Email 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 formate 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: Leferred By am aware that Nancy Gardner-Heaven TMT is NOT an MD and cannot diagnose cancer. She is certified by the unerican Board of Thermology at Auburn University using the Marseilles Classification a proven scientific study is valuating thermal images with their corresponding rated of accuracy using the TH-1 to TH-5 rating. This technique cen proven to have a 9% error rate. I am informed that only a histology report can tell at 100% accuracy if a cell is halignant. All images taken in this study are the property of Thermo-Tech Inc. I will be provided a written report wanges for my own use. I have been informed that all staff of Thermo-Tech Inc. I will be provided a written report winages for my own use. I have been informed that all staff of Thermo-Tech Inc. I will be provided a written report winages for my own use. I have been informed that all staff of Thermo-Tech Inc. I follow HIPPA rules for patient's rivacy. If I have any complaints about this service or treatment, I agree to have a mediator resolve it and thus	First Name	Last Name			
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