Confidential Questionnaire

Head & Neck

Name ______________________ **Birth date** __________ **Today's Date** __________

Address ______________________ **City** __________ **State** ______ **Zip** ______

Phone Number *Home* __________ *Cellular* __________ *Work* __________

Referring Physician ______________________ **Imaging Date** __________

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermologist and any other practitioner that you specify.

What are your concerns?

	Yes	No
Do you suffer with headaches?		
If yes Once a month or less More than once a month		
Do you have allergies?		
Do you have TMJ or does your jaw click?		
Do you currently have a cold?		
Are you being treated for a thyroid disorder?		
Do you have neck pain?		
Do you have upper back pain?		
Do you have a history of carotid artery disease?		
Do you have a family history of stroke?		

Procedure: You will be imaged with a state of the art infrared imaging camera in comfortable and controlled surroundings. Your thermal imaging baseline reports will provide information about current and future conditions only and does not diagnose breast disease. Thermal imaging should be correlated with other medical investigative methods to better direct definitive testing for diagnosis and treatment. It does not replace any other breast examination.

Patient Disclosure: I understand that the report generated from my images is intended for use by a trained health care provider to assist in evaluation and treatment. I further understand that the report is not intended to be used by myself for self-evaluation or self-diagnosis. I understand that the report will not tell me whether, I have any illness, diseases, or other condition, but will be an analysis of the images with respect only to the thermographic findings discussed in the report.

By signing below, I certify that I have read and understand the statement above and consent to the examination

Patient signature ______________________ **Today's date** __________