INTEGRATIVE LIFE SOLUTIONS

Body Thermography Client Information Sheet

All information is kept confidential. This form must be completed in full. Please write/print legibly.

Today's Date _____ Client Full Name _____

Is this a repeat scan at ILS? Y / N If yes, has your name changed since your last visit? Y / N
If yes, what was your previous name _____

Date of Birth (mm/dd/yyyy) _____

Street (Mailing) Address _____

City _____ State _____ Zip Code _____

Email address _____

Home phone _____ Cell phone _____

Emergency Contact Name/Phone _____

How would you like to receive your theromgram report?
[ ] Mail print report and CD disk to current mailing address above.
[ ] Send as email attachment to email address above (PDF format, about 3 MB).

If you would like your report shared with a healthcare provider, please provide full name and either a mailing address or email address below:

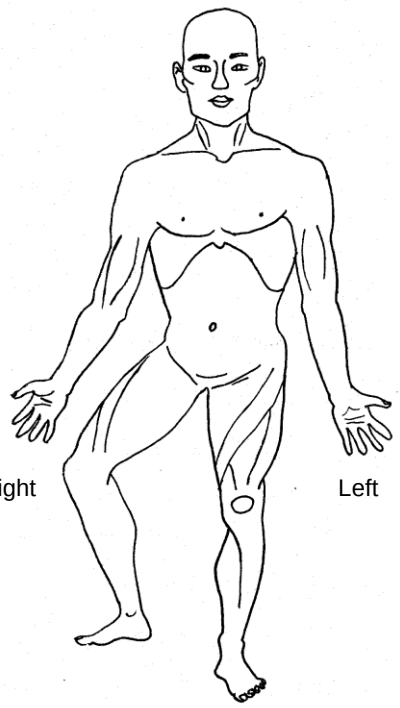
Medical Information

Please briefly note any problems we should be aware of, reason for this scan, and parts of the body to focus on. If this is a repeat scan, explain changes to your health/body, surgeries, etc.

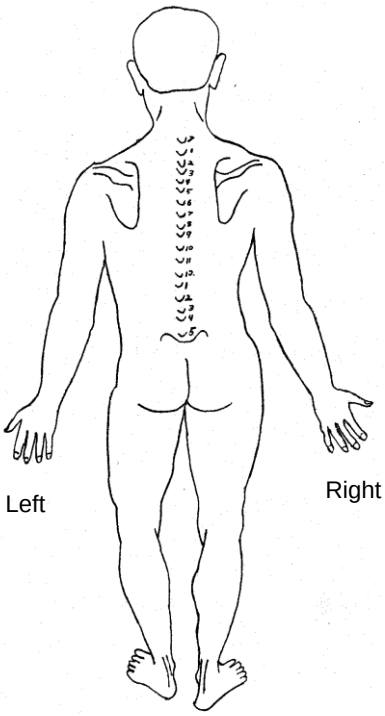
Please mark the location of any problems, pains or procedures you have had on the diagrams on page 2, using the code letters below as an aid. Note dates and other information as needed.

A - Abscess (state "old" or "active")
B - Bruising (fresh or fading)
C - Known sites of cancer
D - Dermatitis (rash or other skin changes)
G - Skin graphics (tattoos)
I - Silicone Implant or injection sites
L - Laceration (cuts or non-surgical scars)
M - Mass or lump (state type if known)
N - Abnormal drainage or discharge sites
P - Painful area(s). Describe the pain, please.
Q - Body piercings
R - Radiation therapy or burned areas (state which)
S - Surgery scars (note what procedure was done)
T - Blunt trauma sites (recent or old and if still symptomatic)
U - Suspicious areas on other imaging (CT, MRI, etc.)
V - Artery blockage or Varicose veins (state which)
X - Amputation site

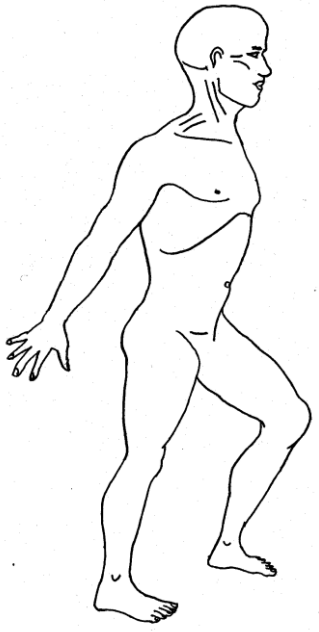
Page 2 Client Name _____ Date of Birth: _____



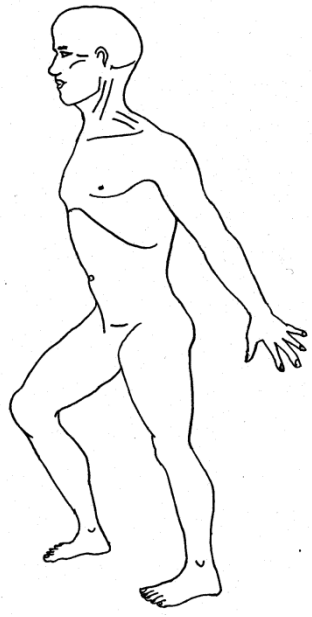
Right Left



Left Right



Right



Left

Client's signature (full name) _____

Boxes below will be filled out by the thermographer.

Scan time	Thermographer	Reader

ICD

CPT

Tcam =

Tstd =

Tcor = **^{o}F**