CWC | Crossroads Wellness Center

Confidential Questionnaire

Men's Full Body

Name _____ Birth Date _____ Today's Date_____

Address _____ City _____ State ____ Zip _____

Phone Number (home)_____(cellular)_____(work)_____

Email Address _____ Referring Physician _____

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

Head & Neck

	Yes	No
1. Do you suffer with headaches?	___	___
If yes, once a month or less ____ more than one a month ____		
2. Do you have known allergies? Food ____ Environmental ____	___	___
3. Do you have TMJ or joes your jaw click?	___	___
4. Do you currently have a cold?	___	___
5. Are you being treated for a thyroid disorder? Type _____	___	___
6. Do you have neck pain?	___	___
7. Do you have upper back pain?	___	___
8. Do you have a history of carotid artery disease?	___	___
9. Do you have a family history of stroke?	___	___
10. DO you currently suffer with sinus problems?	___	___
11. Do you have history of dental problems?	___	___
Root Canals ____ Gum Disease ____ Implants ____		
Non-Replaced Extractions ____ Dentures ____		
12. Have you had a dental cleaning in the past 7 days?	___	___
13. Have you been diagnosed with elevated cholesterol?	___	___

Do you have any special concerns or are there any details related to the information above?

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Chest, Heart, & Lungs

	Yes	No
1. Have you been diagnosed with…		
a. Heart Disease?	___	___
b. Lung Disease?	___	___
c. Upper Spine Disorders?	___	___
2. Do you suffer with upper back pain?	___	___
3. Do you suffer with chest pain?	___	___
4. Have you ever been diagnosed with scoliosis?	___	___
5. Have you ever had surgery to your…		
a. Heart?	___	___
b. Lungs?	___	___
c. Mid to Upper Back?	___	___
6. Do you have asthma or shortness of breath?	___	___
7. Do you currently smoke?	___	___
8. Have you smoked in the past 5 years?	___	___
9. Do you suffer from shoulder pain?	___	___

Do you have any special concerns or are there any details related to the information above?

Abdomen & Lower Back

1. Do you suffer with acid reflux or other digestive problems? Y___ N___
2. Do you suffer pain in the…

Stomach?	Y___ N___
Below R Breast?	Y___ N___
Below L Breast?	Y___ N___
Abdomen?	Y___ N___
Lower Back?	Y___ N___
Pelvic Region?	Y___ N___

3. Have you had surgery or disease in the…

Stomach?	Y___ N___
Spleen (Upper Left)?	Y___ N___
Liver (Upper Right)?	Y___ N___
Kidneys?	Y___ N___
Intestines?	Y___ N___
Abdomen?	Y___ N___
Lower Back?	Y___ N___
Pelvic Region?	Y___ N___

4. Have you consumed alcohol in the past 24 hours? Y___ N___

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Legs & Feet

Check only if "Yes"

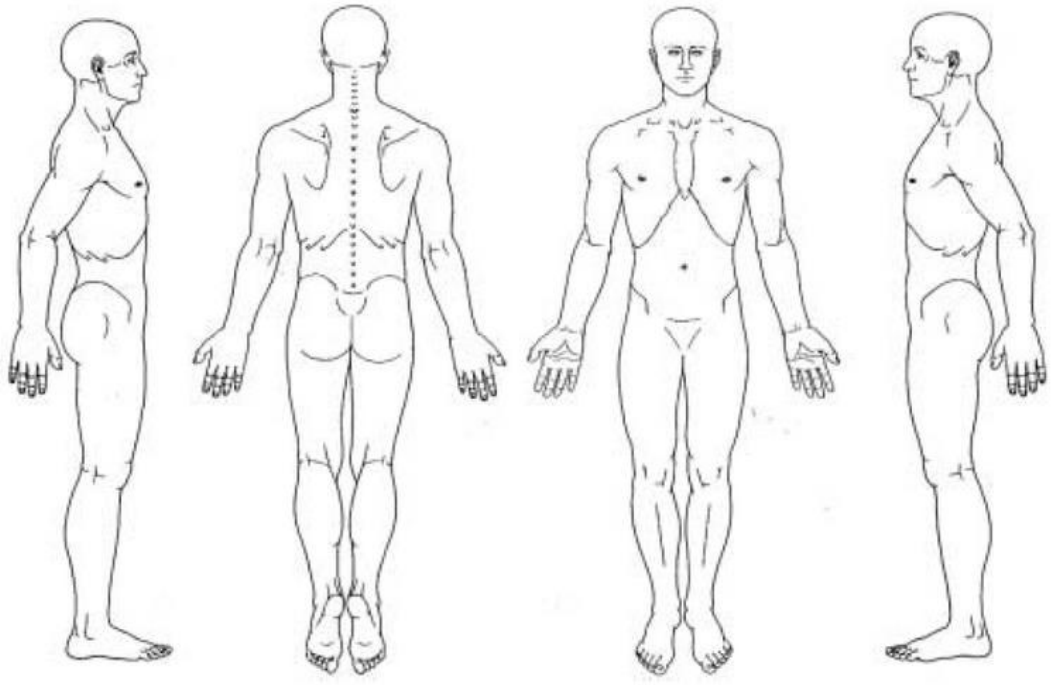
1. Do you suffer pain in the…

Leg?	LT___	RT___
Sciatica?	LT___	RT___
Buttocks/Hip?	LT___	RT___
Knees?	LT___	RT___
Ankles?	LT___	RT___
Feet?	LT___	RT___

2. Have you had surgery to…

Leg?	LT___	RT___
Sciatica?	LT___	RT___
Buttocks/Hip?	LT___	RT___
Knees?	LT___	RT___
Ankles?	LT___	RT___
Feet?	LT___	RT___

Mark Areas of Pain with Description (burning, stabbing, aching) and duration (chronic = more than 6 months)



Areas of Pain

Do you have any special concerns or are there any details related to the information above? Please provide dates and specific details related to surgeries or treatments.

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Client Contract and Treatment Consent Form

Thermography is a non-contact, private, and non-invasive procedure. The value of thermography as a study tool is its ability to measure skin temperature changes suggesting inflammatory response to injury or metabolic effects of tissue disturbance. **It offers men and women supportive information that no other procedure can provide regarding general health.**

This information does not in any way suggest diagnosis and/or treatment. Studies show that the patient benefits when multiple tests are used in combination. This multimodal approach includes physical exams by a licensed healthcare provider, ultrasound, MRI, and other tests that may be ordered by your doctor.

Notice to clients presenting with previously diagnosed conditions including cancer: Thermography interpretation in your report **does not include information or recommendations related to the measured changes of disease beyond skin temperature changes and patterns.** As there is no single known test capable of monitoring all biological influences of the complex diseases, **continued monitoring with available additional testing as recommended by your personal physician is strongly advised.**

Your thermographer may not be a licensed medical professional. **Your thermographer cannot interpret your images or advise or prescribe to you based on your images.** Your thermographer can ask health history questions, as well as educate you on general health.

By signing below, I certify that I have read and understand the statement above and consent to the examination. I am not an undercover agent or acting on behalf of law enforcement.

Client Signature _____Today's Date _____