 Lighthouse Health and Thermography

 [www.lighthousehealthandthermography.com](http://www.lighthousehealthandthermography.com)

|  |
| --- |
|  Thermography Health history |
| All questions contained in this questionnaire are strictly confidential and will become part of your medical record. |
| Name (Last, First, M.I.): |  | 🞎 M 🞎 F | DOB: |  **Age:** |
| **Address:** | **City/State/Zip** |
| **Phone: (home)** |  **(cell)** |
| **E-Mail Address:** |
| **Site Location:** |  |  |
| How did you find us? Health Practitioner Referral? Personal Referral? Website? Brochure? Social Media? |  |
| Contact in Case of Emergency:(name and phone number) |
| Occupation: |
|  |
| Dental Work |
| Fillings: Composite (white)/Amalgam (silver) |
| Crowns: |
| Wisdom Teeth: |
| Root Canals: |
| Implants: |
| Periodontal Disease/Gum Issues: |
| Any other trauma, surgery, or issues in the mouth/jaw? |
|  |
| PERSONAL HEALTH HISTORY |
|  |
| Concerns Today?**Symptoms/Onset?** |  |
| List any allergies/illnesses/diagnoses (arthritis, nerve damage, chronic pain, headaches, etc.): |
|  |
|  |
| Surgeries or hospitalizations? |
| Year | Surgery | Notes |
|  |  |  |
|  |  |  |

|  |
| --- |
| Other hospitalizations or injuries? |
| Year | Reason | Outcome |
|  |  |  |
|  |  |  |

|  |
| --- |
| List your prescribed drugs and over-the-counter drugs, such as vitamins, inhalers, birth control, etc.: |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
| Scars/Tattoos/Skin Abnormalities/Removals (tags, moles, warts, cancer, etc.) or known burns or frostbitten areas? |
|  |  |
|

|  |
| --- |
| Direct Contact EMF Exposure Yes No |
| Do you wear an electronic band on your wrist? i.e. “Fitbit” or an “Apple Watch” |   |  |
| Do you keep a cellphone or other electronic device on your body…i.e. phone in your bra or clothing pocket |  |  |
| Do you wear wireless headphones or have WI FI in your car? |  |  |

*To the best of my knowledge, all information is correct. I understand that a certified clinical thermographer/s will take the thermographic images as part of this screening process after which a radiologist will provide findings. I understand that thermography and mammography are different screening tools and our business does not claim that one replaces the other.*

|  |
| --- |
| Signature: Date:  |
| If you’d like to stay connected to current information, classes, & specials, check out our website or follow our social media site to stay updated. |

 |
| fOR OFFICE USE |
| **ADDITIONAL NOTES:****DATE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****SCAN TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PATIENT ID#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REPORT REFERENCE #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****NEXT APPOINTMENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****REPORT SENT\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****PAYMENT TYPE\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_****CLINICAL THERMOGRAPHER\_\_\_\_\_\_\_\_\_\_\_** |