KEYS MEDICAL THERMOGRAPHY

Men's Full Body

Keys Medical Thermography · (305) 797-7603 · info@keysmt.com · form version 9, 2026-10-16

Name _____ Birth Date _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

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

E-Mail 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

Do you suffer with headaches? ☐ Yes ☐ No

If yes, ☐ once a month or less ☐ more than once a month

Do you have known allergies? ☐ Yes ☐ No

Food _____

Environmental _____

Do you have TMJ or does your jaw click? ☐ Yes ☐ No

Do you currently have a cold? ☐ Yes ☐ No

Are you being treated for a thyroid disorder? ☐ Yes ☐ No

Type _____

Do you have neck pain? ☐ Yes ☐ No

Do you have upper back pain? ☐ Yes ☐ No

Do you have a known history of carotid artery disease? ☐ Yes ☐ No

Do you have a family history of stroke? ☐ Yes ☐ No

Do you currently suffer with sinus problems? ☐ Yes ☐ No

Do you have history of dental problems? ☐ Yes ☐ No

☐ Root canals ☐ Gum disease ☐ Implants ☐ Non-replaced extractions

☐ Dentures

Have you had dental cleaning in the past 7 days? ☐ Yes ☐ No

Have you been diagnosed with elevated cholesterol ☐ Yes ☐ No

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

Chest, Heart & Lungs

Have you been diagnosed with:

- Heart disease? ☐ Yes ☐ No
- Lung disease? ☐ Yes ☐ No
- Upper spine disorders? ☐ Yes ☐ No

Do you suffer with upper back pain? ☐ Yes ☐ No
Do you suffer with chest pain? ☐ Yes ☐ No
Have you been diagnosed with scoliosis? ☐ Yes ☐ No

Have you ever had surgery to your:

- Heart? ☐ Yes ☐ No
- Lungs? ☐ Yes ☐ No
- Mid to upper back? ☐ Yes ☐ No

Do you have asthma or shortness of breath? ☐ Yes ☐ No
Do you currently smoke? ☐ Yes ☐ No
Have you smoked in the past 5 years? ☐ Yes ☐ No
Do you suffer with shoulder pain? ☐ Yes ☐ No
If yes; mark below

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

Abdomen & Lower Back

Do you suffer with acid reflux or other digestive problems? ☐ Yes ☐ No

Do you suffer pain in the:

- Stomach? ☐ Yes ☐ No
- Below R Breast? ☐ Yes ☐ No
- Below L Breast? ☐ Yes ☐ No
- Abdomen? ☐ Yes ☐ No
- Lower Back? ☐ Yes ☐ No
- Pelvic Region? ☐ Yes ☐ No

Have you had surgery or disease in the:

- Stomach? ☐ Yes ☐ No
- Spleen (Upper Left)? ☐ Yes ☐ No
- Liver (Upper Right)? ☐ Yes ☐ No
- Kidneys? ☐ Yes ☐ No
- Intestines? ☐ Yes ☐ No
- Abdomen? ☐ Yes ☐ No
- Lower Back? ☐ Yes ☐ No
- Pelvic Region? ☐ Yes ☐ No

Have you consumed alcohol in the past 24 hours? ☐ Yes ☐ No

Legs & Feet

Check only if "Yes"

Do you suffer pain in the:			Have you had Surgery to:		
Leg?	☐ LT	☐ RT	Leg?	☐ LT	☐ RT
Sciatica	☐ LT	☐ RT	Sciatica?	☐ LT	☐ RT
Buttocks/Hip?	☐ LT	☐ RT	Buttocks/Hip?	☐ LT	☐ RT
Knees?	☐ LT	☐ RT	Knees?	☐ LT	☐ RT
Ankles?	☐ LT	☐ RT	Ankles?	☐ LT	☐ RT
Feet?	☐ LT	☐ RT	Feet?	☐ LT	☐ RT

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

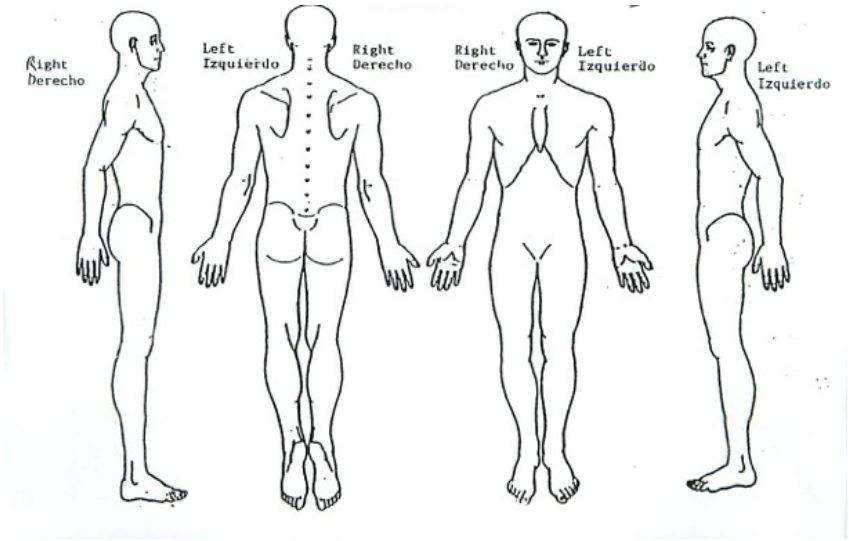
Arms & Hands

Check only if "Yes"

Do you suffer with pain in the:			Have you had surgery to:		
Shoulder?	☐ LT	☐ RT	Shoulder?	☐ LT	☐ RT
Elbow?	☐ LT	☐ RT	Elbow?	☐ LT	☐ RT
Arm?	☐ LT	☐ RT	Arm?	☐ LT	☐ RT
Hands?	☐ LT	☐ RT	Hands?	☐ LT	☐ RT

Areas of Pain

Mark on the following graph to indicate location of pain, surgery or injury:



Areas of Pain

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

Client/Patient Disclosure

- Thermography is non-contact, private, and non-invasive.
- It measures skin temperature patterns and provides information other tests cannot.
- Thermography does not replace mammography, ultrasound, MRI, or any other imaging.
- Thermography does not diagnose or treat any condition.
- An "Elevated Level of Concern" does not indicate suspicion for a specific disease.
- Any concerning finding will include a recommendation for further clinical evaluation.

For clients with a prior cancer diagnosis:
- Thermography evaluates temperature patterns only.
- It does not monitor cancer or disease progression.
- Ongoing follow-up and additional testing with your physician is strongly advised.

About your Thermographer:
- Your thermographer may not be a licensed medical professional.
- Your thermographer cannot interpret images, diagnose, prescribe, or give medical advice.
- Your thermographer may collect health history and provide general breast-health education.

By signing below, I confirm that I have read and understand this disclosure and consent to the thermal examination.

Signature

Date