KEYS MEDICAL THERMOGRAPHY

Men's Health Study

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:

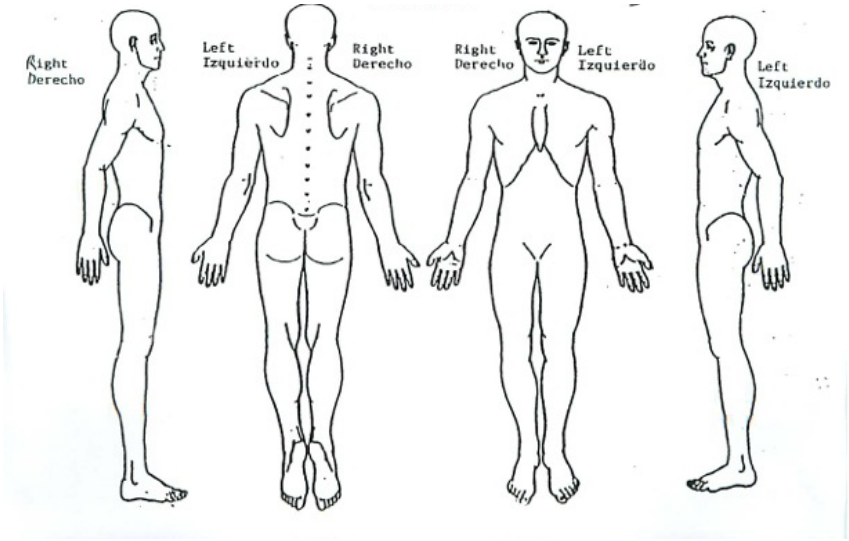
- Stomach? ☐ Yes ☐ No
- Spleen (Upper Left)? ☐ Yes ☐ No
- Liver (Upper Right)? ☐ Yes ☐ No
- Kidneys? ☐ Yes ☐ No
- Intestines? ☐ Yes ☐ No
- Abdomen? ☐ Yes ☐ No
- Lower Back? ☐ Yes ☐ No
- Pelvic Region? ☐ Yes ☐ No

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

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

Areas of Pain

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



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