

## Returning Consultation

Surname\_\_\_\_\_ First name\_\_\_\_\_

Phone number\_\_\_\_\_ Email\_\_\_\_\_

Consultation date\_\_\_\_\_ Date of birth\_\_\_\_\_ Age\_\_\_\_\_

Occupation\_\_\_\_\_

Doctor\_\_\_\_\_ Other\_\_\_\_\_

Changes in breast health since last scan\_\_\_\_\_

\_\_\_\_\_

Changes in general health since last scan\_\_\_\_\_

\_\_\_\_\_

Treatments (Chiropractic)\_\_\_\_\_

New Medications?\_\_\_\_\_

New Supplements?\_\_\_\_\_

New Surgeries/scans/MRI/ultrasound\_\_\_\_\_

\_\_\_\_\_

Any new dental work?\_\_\_\_\_

Anything you wish to add \_\_\_\_\_

\_\_\_\_\_

Thermal Imaging is a non-contact investigation demonstrating physiological patterns of your body. It is not a stand alone diagnostic test. Thermal images provide evidence of thermal asymmetries that may be present which may indicate a vascular, neurological, muscular or other physiological problem.

I have read the above information and I understand that I am not receiving a diagnosis of any condition based solely on my thermal scan. I understand that thermal imaging is non-invasive and is reading the thermal patterns on the surface of my body.

Signature\_\_\_\_\_ Date \_\_\_\_\_