

Northeast Thermography Medical Imaging Center

Cutting Edge Technology for Early Disease Detection

Client Intake Form

Name _____
DOB _____ Age _____
Street _____
City _____
State _____ Zip _____
Occupation _____
E-mail _____

Patient ID: _____

Study Type:

WFB / MFB / WUB / MUB / BRST / ROI

Method of Payment:

Check: # _____

Credit: VISA MC Discover AmEx

Phone (include area code)

(H) _____

(W) _____

(C) _____

Text OK? Yes / No

Email Report to You: Yes / No

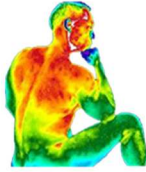
Reason for today's visit:

Current Symptoms:

Current Treatment:

2 Chelsea Place, Clifton Park, NY 12065
518-983-6564

www.medthermography.com



Northeast Thermography Medical Imaging Center

Cutting Edge Technology for Early Disease Detection

Previous illnesses:

Previous Surgeries/Dates:

Injuries/Dates:

Do you want your report sent to your Health Care Provider(s)? (circle one) Yes / No

Provider's name and address: (1st is No Charge. Each additional is \$5)

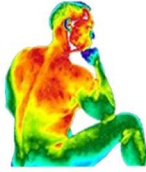
This information is confidential. All information is correct to my knowledge.

Signed:

_____ Date: _____

2 Chelsea Place, Clifton Park, NY 12065
518-983-6564

www.medthermography.com



Northeast Thermography Medical Imaging Center

Cutting Edge Technology for Early Disease Detection

Health Care Provider Information Form

Client Name: _____ **Date:** _____

Street Address _____

City: _____ **State:** _____ **Zip Code:** _____

My Primary Medical Provider: _____

Open to Thermography? Y / N

Address: _____

Phone No: _____

Email: _____

Hospital/Practice Affiliation: _____

(CDPHP, Saratoga Hospital, SPHP, etc)

My Ob-Gyn (if applicable): _____

Open to Thermography? Y / N

Address: _____

Phone No: _____

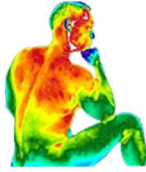
Email: _____

Hospital/Practice Affiliation: _____

(CDPHP, Saratoga Hospital, SPHP, etc)

2 Chelsea Place, Clifton Park, NY 12065
518-983-6564

www.medthermography.com



Northeast Thermography Medical Imaging Center

Cutting Edge Technology for Early Disease Detection

How Your Images, Documents and History May Be Used

Northeast Thermography Medical Imaging Center (an affiliate of Medical Thermography Associates), as a member of the International Association of Medical Thermographers (IAMT) is currently compiling a database of case studies for use in future statistical analysis, case studies for teaching purposes, correlational studies and an image base for publicity and public education with known, accurate case histories. We are also compiling images for advertising/marketing purposes.

If your thermography images and/or study (or studies) are used for any of the reasons specified above, we certify that:

- Any images used for marketing purposes shall have all references to you, the client/patient removed and there will be no personally identifiable information in the image.
- Your identity (including information that could be suspected of leading to your identity) remains completely confidential, with only the case reviewers of the IAMT even knowing your name
- Copyright to any material (images, history) shall be jointly owned by you, the Client/Patient and Northeast Thermography Medical Imaging Center. Copyright will not be granted or inferred onto other entities without your express written permission.
- No other organization will approach you directly for further information or solicit you for any further studies. Any copies of test results etc. that are provided to us as part of your case study will have all personally identifiable information or reference to you removed before being used further.
- The information supplied shall not be used to cause harm or defame from any other person (as defined by law) or profession.
- Should these stipulations be breached, this consent permission form is to be immediately revoked and all materials relevant to your case study will be returned and/or destroyed.
- Should you be asked to be a part of an ongoing study by us, all further imaging that forms a part of that study will of course be without charge as a thank you for your co-operation.

I, _____ do hereby give permission to Northeast Thermography Medical Imaging Center to use my thermography images, thermal studies, case history, and any supporting documentation for case reviews, including a peer/physician review.

Signature

Date:

Name (Print)

2 Chelsea Place, Clifton Park, NY 12065
518-983-6564

www.medthermography.com