



# FULL BODY STUDY QUESTIONNAIRE



## Consent & Patient Disclosure

I understand that the report generated from my image is intended for use by trained healthcare providers to assist in evaluation, diagnosis and treatment. I further understand that the report is not intended to be used by individuals for self-evaluation or diagnosis. I understand that the report will not tell me whether I have any illness, disease or other condition but will be an analysis of the images with respect only to the thermographic findings discussed in the report.

By signing below I certify that I have read and I understand the statements above and consent to the examination.

Signature: \_\_\_\_\_ Today's Date: \_\_\_\_\_