ADVANCED HEALTH IMAGING INC

43329 Tali Street ~ Lancaster, CA 93535 ~ (661) 579-6049

Client Information **Today's Date**:

Please circle title: Mr. Mrs. Ms. Miss. Dr.			Nickname:	
Last	**First**	Middle Initial	**Date of Birth**:	Age
Address			Email Address:	
City	**State**	**Zip**	Whom may we thank for referring you?	
Home Phone	**Cell Phone**		Occupation	
Optional Credit Card on file: # _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ _ EXP: _ _ _ _ V-Code _ _ _ Billing Zip Code _ _ _ _ _				

You will receive two full color reports, one for you and one for your Doctor.
Additional reports are available for $10 each.

Release Form ~ Authorizations to Use or Disclose Protected Health Information
Acknowledgement of Receipt of Privacy Practice

As required by the Privacy Regulations, *Advanced Health Imaging Inc.* **may not use or disclose your protected health information except as provided in our Notice of Privacy Practices without your authorization.**

Biofeedback stress response testing release form:

Bio-energetic evaluation is not a method of diagnosing, nor are the suggested remedies designed to replace any of the medications or treatments currently being provided or recommended by a primary care practitioner.

I fully understand that ALinda L Pressler, ND is not an allopathic doctor (M.D.) and does not pretend to be, but is a bio-energetic practitioner providing services that are not allopathic, but are within the parameters of a natural health and wellness philosophy.

I fully understand that ALinda L Pressler, ND is not diagnosing or treating any illness or disease, but is only measuring the bio-energetic balance and overall stress responses of the body.

I fully understand that ALinda L Pressler, ND is in no way encouraging me to terminate or modify any previous or ongoing therapies under the direction of any licensed practitioner.

I authorize ALinda L Pressler, ND to provide her services to me on my behalf, and hereby release her from any and all claims and potential claims arising out of my actions or failure to act upon her advice.

I hereby authorize this office and any of its employees to use or disclose my Patient Health Information to the following person(s), entity(s), or business associates of this office:

EMI, Electronic Medical Interpretations

Patient Health Information authorized to be disclosed: **Thermal Images and related health history**
For the specific purpose of (describe in detail) **Interpretation of said images**

By way of my signature, I provide **Advanced Health Imaging Inc.** with my authorization and consent to use and disclose my protected health care information for the purposes of treatment, payment and health care operations as described in the Privacy Notice. I understand that the information disclosed above may be re-disclosed to additional parties and no longer protected for reasons beyond our control. I also understand that if I do not sign this document, it will not condition my treatment, payment, enrollment in a health plan, or eligibility for benefits whether or not I provide authorization to use or disclose protected patient health information.

I certify that the information given by me is true and correct. I understand that I am financially responsible for all charges at the time services are rendered. Furthermore, I acknowledge that I have received the Notice of Privacy Practices of Advanced Health Imaging Inc.

_____

Full Name (print)

_____ _____

Signature (or guardian's signature) Date

ADVANCED HEALTH IMAGING INC

43329 Tali Street ~ Lancaster, CA 93535 ~ (661) 579-6049

Evaluation Form

Please complete the following questions carefully. This information will assist the Thermologist in analyzing your thermal images and will help us to build a specialized Nutritional Program, personally designed for you.

Name: **Date:**

1. Complaints: Please rank your current complaints and rate their severity (on a scale of 1 to 10, 10 being the most severe):

_____

_____

_____

2. Other Information: Please tell us any additional information or concerns about your health:

_____

_____

_____

3. Medications: Please list any medications you are currently taking and how long you have taken them *(including birth control pills, aspirin, pain medications, etc.)*:

_____

_____

_____

4. Smoking: Do you currently smoke? _____ **If yes, how much?** _____
How long have you smoked?_____

5. Surgeries: What surgeries, operations, traumas, car accidents, etc. have you had?

_____

_____

a.) Have you ever had full-body anesthesia (i.e. *to remove tonsils, wisdom teeth,etc.*)?_____
b.) Do you have breast implants?_____ Other surgical implants or prostheses?_____
c.) Have you had elective surgery *(tummy tuck, face-lift, burned off moles, liposuction, etc.)*?_____
d.) Do you have any metal or plastic inside your body *(such as pins, clamps, plates, etc.)*?_____
e.) Do you have pierced ears or other body piercing?_____ Tattoos?_____

6. Scars: Describe any scars on your body *(major and minor ones)***:**_____

_____

_____

7. Drugs: ***This is strictly confidential information.*** **Do you currently use recreational drugs?** _____
[circle] *(marijuana, cocaine, heroin, uppers, downers)* Others:_____
How often?_____
Have you used recreational drugs in the past?_____
If yes, for how long?_____

8. Stress: Please rate your current stress level *(on a scale of 1 to 10, 10 being the highest stress):* _____
What is the main reason(s) for your stress? _____
If over level 5, what step(s) are you taking to reduce your stress level?_____

9. Dental work: Indicate how many of the following you have:
Silver fillings _____ Gold crowns or inlays _____ Root canals _____ Braces _____
Composites *(tooth-colored)* _____ Stainless steel crowns or inlays _____ Root canals with BioCalex _____ Bleeding Gums ____
Extractions _____ Porcelain crowns or inlays _____ Posts _____ Sensitive teeth _____
Bridgework _____ DeGussa Porcelain crowns or inlays _____ Implants _____ Bad Bite _____ Dental surgery _____
Partial or full dentures _____ Veneers _____ Temporaries _____ New cavities _____ Extracted teeth_____

10. Practitioner Notes: _____

_____

_____

_____

_____