



## 3D BODY SCAN INFORMATION FORM

### Patient Information

**Name:** Last \_\_\_\_\_ First \_\_\_\_\_ **Gender:** M \_\_\_ F \_\_\_

**Date of Birth:**(MM/DD/YYYY) \_\_\_/\_\_\_/\_\_\_\_\_ **Telephone** (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Home Address:** \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

**Email Address:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_

### Basic Identification Data Section

**Height:** \_\_\_ ft \_\_\_ in **Weight:** \_\_\_ lbs **Blood Pressure:** \_\_\_ / \_\_\_

- Activity Level:**  Very Light: Stay At Home / No Activity  
 Light: Office Activity / Light Chores  
 Moderate: Walk 20 minutes a day / 1-2 Hours of sports per week  
 Sport: 2 or more hours per week  
 Athlete: Fitness, Heavy Athletics, Athlete Morphology

### ESTECK. Measurement & Calculation Limitation Restrictions

- I am in my 6<sup>th</sup> month or later of pregnancy  I have an implanted *electronic* device (pacemaker)  
 I have large metal pins or prostheses on the level of the extremities or the joints

#### If any of the above apply to you 3D Body Scan will not be able to conduct a scan

- I performed physical activity within the last 8 hours  
 I am experiencing excessive accumulation of body fluid (edema)  
 I consumed alcohol or stimulants (amphetamines) within the last 12 hours  
 I have diarrhea  
 I have a fever

*Please remove metal objects and jewelry prior your scan*

	Primary reason(s) for scan (issue, complaint, illness, pain)	<input type="checkbox"/> I am taking Meds
1		1-
2		2-
3		3-
4		4-
5		5-



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Are there any illnesses that run in either your mother or fathers side of the family? ( Y / N )

- If yes, which kind? \_\_\_\_\_

### *Contract for Services, Declaration and Authorization*

I, the undersigned, hereby authorize 3D Body Scan, The Healthology Company and their representatives (hereinafter collectively the "Practice") to assess my health concerns and perform an Electro Interstitial Scan (EIS) study and ESTECK scan. I warrant that all information submitted to the practice hereinabove, is correct and true to the best of my knowledge. Further, I hereby give the practice my permission to release my medical records and information pertaining to my conventional medical and complementary alternative therapies to a specific person(s), only upon the practice receiving authorization from me in writing and dated with a specified name (or names). Furthermore, I and any of my family members, heirs, or any other parties, hereby hold the practice et al harmless in any and all ways for all causes.

I understand the ESTECK is a programmable electro medical system (PEMS) that generates an ESG used to: Study body composition, compute various physiologic parameters in certain organs; explore probabilities of the functional risks of the various body systems; scrutinize effectiveness of treatments used to cure or attenuate an organic dysfunction or a disease. The ESG creates a 3-D model representing organs, organ function, and the interstitial fluid; providing a noninvasive and fast study, quantitated within the clinical context provided above; making it possible for medical practitioners to have a functional appraisal of y organs and organ systems, using visualized therapeutic control and various physiological parameters. Hence, the regulation of any medication treatment cannot be set up by the ESG. The ESG results obtained are not used imperatively to confirm the diagnosis of structure (imagery) or blood (laboratory tests) established by other examinations. Instead, they bring functional and complementary new elements from the interstitial level. Each medical examination has its specificities; the EIS as a whole investigates the function of select organs via the interstitial fluid with its specificities and data, which can be extracted from the EIS study. Just like laboratory tests, the interpretation of the ESG thus requires that one has knowledge of adequate references, the clinical context (above), and a list of variables which can modify the results.

I understand only licensed medical doctors diagnose or treat a patient, using medical devices designed specifically for diagnosis and/or with pharmaceutical products approved by the U.S. Food and Drug Administration (FDA); and the practice is not a medical doctor or allopathic practitioner; and the ESG is not a diagnosis. This practice and the EMS are not designed to and do not diagnose, prevent, treat, cure, mitigate, or prevent anything (including, but not limited to, diseases, ailments, disorders and medical conditions). It also does not replace a medical examination but is, rather, considered a complementary tool for an exam. Furthermore, I understand a result of the EIS showing no abnormal values does not mean that I am healthy; it only indicates that there aren't any physiological tissue parameters or interstitial biochemical value disorders.

I hereby attest and affirm that I am now and at all future times meeting with my practice solely as a client, on my first and all, if any, subsequent visits (in person, through e-mail communications, or by telephone consultation), and solely on my own behalf; and not as an agent of any agency, people or other parties. I also attest that any person or persons present with me at any time while meeting with the practice, either in person, through e-mail communications, or via telephone consultation, are strictly present at my request to accompany me and not as an agent of any agency, people, or other parties. Finally, I understand the practice will not advise me regarding the use of any pharmaceutical agents as relates directly to me.

(Printed Name) X \_\_\_\_\_ (Signature) X \_\_\_\_\_

DATE: \_\_\_\_\_