



Patient Test Preparations

- Come to the appointment wearing comfortable, loose-fitting clothing that can be easily removed. Wear a long-sleeved button-up shirt and long pants, even if the weather is hot or humid. Avoid synthetic fibers and tight clothing. Do not wear a bra or remove it at least 15 minutes prior to the test.
- Do not shower or bathe the morning of the test. However, a quick shower using only tepid water is allowable, as is a shower or bath the night before.
- Do not use body sprays, skin creams or lotions, or cosmetics the morning of the test.
- Do not drink coffee, black tea, or caffeinated beverages, and do not smoke the morning of the test. A light breakfast is acceptable, but nothing piping hot.
- Come to appointment hydrated; drink 12 – 16 oz of water 1/2 – 2 hours before the test.
- Do not exercise the morning of the test. This includes running, yoga, Pilates, etc.
- Refrain from 'regulative' and therapeutic practices within 36 hours prior to the test. This includes acupuncture, bio-energetic treatments, therapeutic massage, classical homeopathy, chiropractic treatments, etc.
- Refrain from dentistry and dental cleanings at least 3 days prior to the test.
- Women cannot be tested during the first or second day of the menstrual period. The lower abdominal points warm up and create false readings.
- Arrive 15 – 20 minutes before your appointment so that your body has a chance to relax before you are tested.
- Remove your glasses when you get to the office, as there are sinus points on the nose that will be tested.
- Turn off cell phones during the appointment. Cell phones should be forbidden in the thermography room or should be turned off as electromagnetic radiation affects the nervous system.
- Do not drink alcohol for at least 24 hours prior to the test.

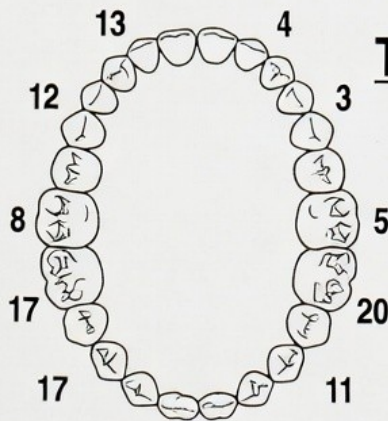
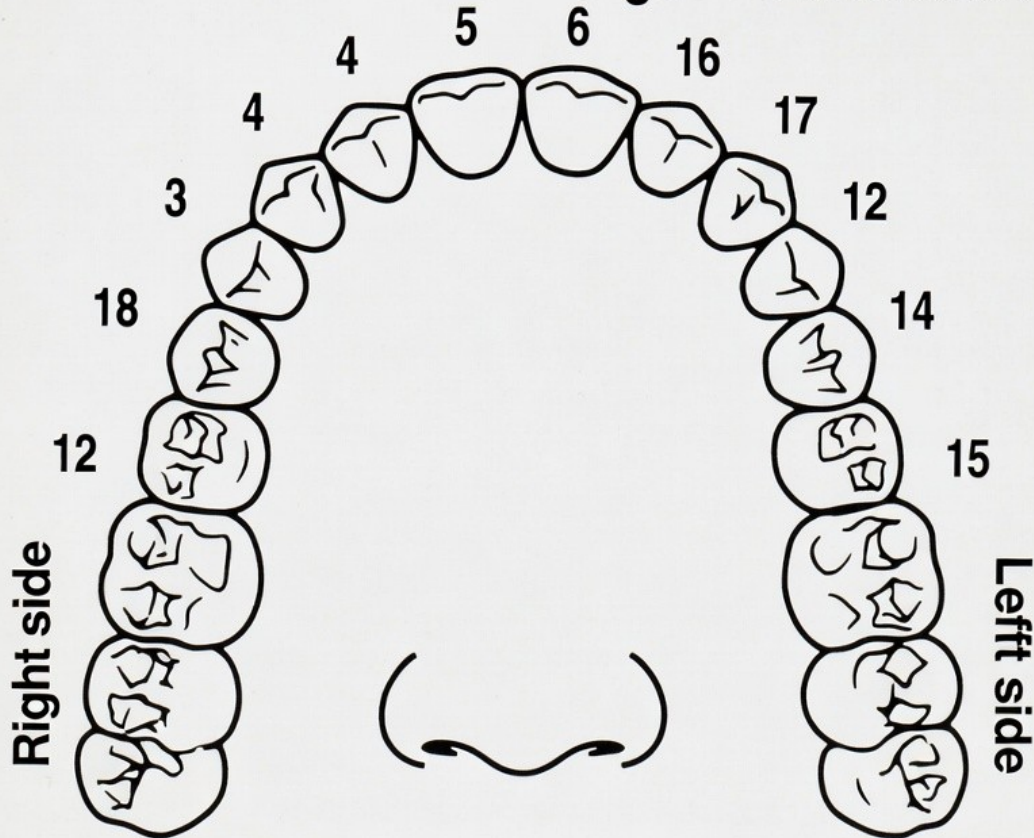
THERMO DENTAL FORMS

Patient's Name: _____ **Age:**

_____ **Date:** _____

Dental Chart with TCM Organ Associations

Dental Chart with TCM Organ Associations



TCM Tooth-Organ Associations

1/16/17/32	Heart/SI
2/15/18/31	Lung/LI
3/14/19/30	Spleen/St
4/13/20/29	Stomach/Sp
5/12/21/28	Liver/Gb
6/11/22/27	Gallbladder/Lv
7/10/23/26	Kidney/KI
8/9/24/25	Bladder/Ut

Use a mirror! (#1, 16, 17 & 32 are wisdom teeth)

KEY (mark directly on

the chart)

- Pulled teeth
- Cavities filled
- Crowns
- Bridge
- Root canals
- Dentures?

X



upper _____

lower _____

- Braces? upper _____ lower _____
- Retainer or Night Guard? upper _____ lower _____

TCM Tooth-Organ Associations (for holistic reference)

Upper Right (Patient's Right) 1 (Heart/SI) 2 (Lung/LI) 3 (Liver/GB) 4 (Lung/LI) 5 (Kidney/BL) 6 (Kidney/BL) 7 (Heart/SI) 8 (Spleen/ST)

Upper Left (Patient's Left) 9 (Spleen/ST) 10 (Heart/SI) 11 (Kidney/BL) 12 (Kidney/BL) 13 (Lung/LI) 14 (Liver/GB) 15 (Lung/LI) 16 (Heart/SI)

Lower Right (Patient's Right) 32 (Heart/SI) 31 (Lung/LI) 30 (Liver/GB) 29 (Lung/LI) 28 (Kidney/BL) 27 (Kidney/BL) 26 (Heart/SI) 25 (Spleen/ST)

Lower Left (Patient's Left) 24 (Spleen/ST) 23 (Heart/SI) 22 (Kidney/BL) 21 (Kidney/BL) 20 (Lung/LI) 19 (Liver/GB) 18 (Lung/LI) 17 (Heart/SI)

How to use this chart

- Print and mark teeth using the KEY.
- Refer to the TCM associations for holistic notes (e.g., during intake or treatment planning).

(Use a mirror! #1, 16, 17 & 32 are wisdom teeth)

A. Use the numbered teeth in the chart above to indicate which teeth have had dental intervention. Also use the KEY to mark appropriately and answer upper/lower if needed.

KEY

Pulled teeth X Cavities filled ■ Crowns ▲ Bridge — Root canals ○ Dentures? upper ___ lower ___ Braces? upper ___ lower ___ Retainer or Night Guard? upper ___ lower ___

B. Write your chief complaint(s) below and indicate the approximate age of onset.

- | | |
|-------------------|-------------------|
| 1. _____ Age ____ | 4. _____ Age ____ |
| 2. _____ Age ____ | 5. _____ Age ____ |
| 3. _____ Age ____ | 6. _____ Age ____ |

PERTINENT NEURAL THERAPY HISTORY

Typical childhood vaccinations? yes no Treated for parasites, infection? yes no

Please complete the following with the approximate age of occurrence:

Surgery

_____ **Age**
—

Serious Infections/Diseases (pneumonia, mono, T.B., cancer, heart attack, chronic bronchitis, colitis, mumps, measles, chicken pox, etc.)

_____ **Age** _____

Toxic Profession (past or present)

_____ **Age** _____

Dental Intervention (Root canals & extractions — refer to dental chart. Also age of first silver amalgam filling, braces, retainer, etc.)

_____ **Age** _____

Injuries/Accidents WITHOUT stitches

_____ **Age** _____

Injuries/Accidents WITH STITCHES/SCARS

_____ **Age** _____

Major Psychological Trauma

_____ **Age** _____

Long visits or lived in a foreign country (India, Mexico, Africa, etc.)

_____ **Age** ____

Long periods on prescription or street drugs, or alcohol, or cigarettes

_____ **Age** ____

Pregnancies/Births/Abortions/IUD's, B.C. pills, etc.

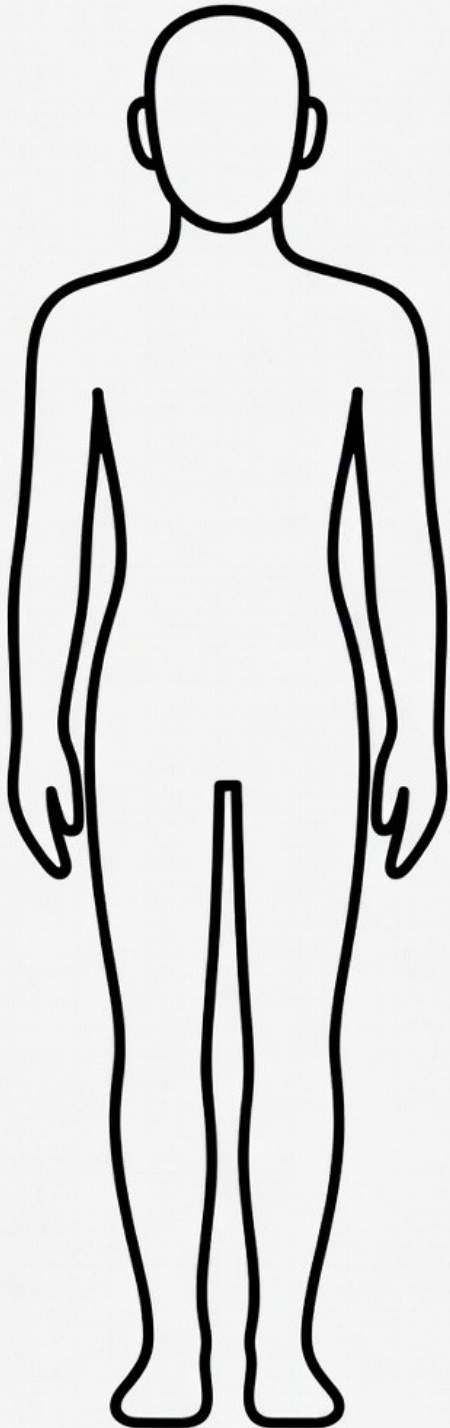
_____ **Age** ____

Medications/Allergies (past or present)

_____ **Age** ____

C. Finally, mark with an “X” where you have pain or dysfunction (on body outlines when printed).

FRONT



BACK

