

THERMOGRAPHY CLINIC INC.

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Full Body & Pain History

Date: \_\_\_\_\_

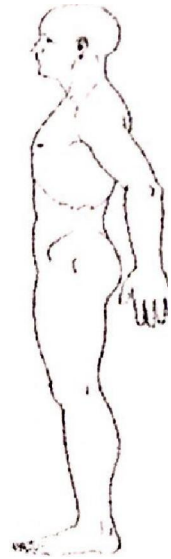
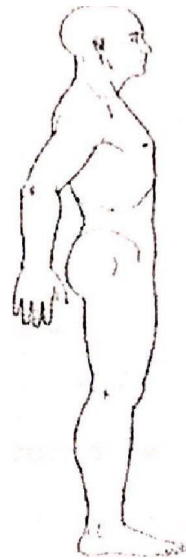
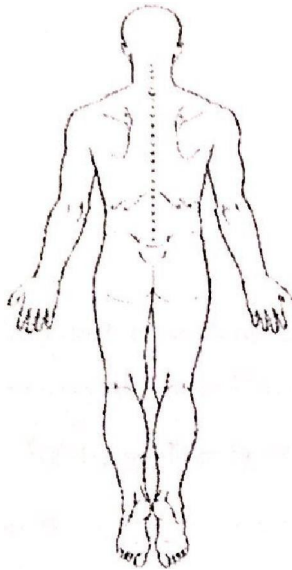
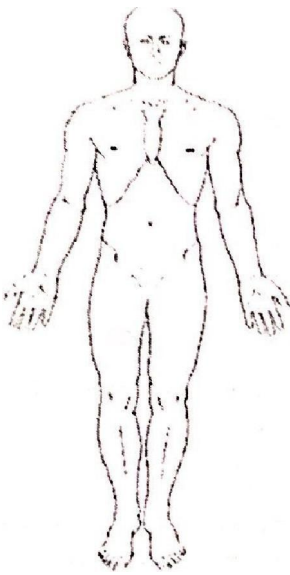
Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Mark the location of symptoms with an "X" and label it as sharp, dull, burning, aching, etc.



Please Note Level of Pain

0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 ..... 9 ..... 10

Mild: Annoyance

Moderate: Some Limitations

Severe: Pain Killers Needed

Describe your symptoms:

\_\_\_\_\_

\_\_\_\_\_

How and when did this start?

\_\_\_\_\_

Were you examined for this complaint? \_\_\_\_\_

Date and Results: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What increases your symptoms? \_\_\_\_\_

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What decreases your symptoms? \_\_\_\_\_

List any treatments you have had: \_\_\_\_\_

List any past surgeries especially related to your concern: \_\_\_\_\_

List any other medical conditions: \_\_\_\_\_

What medications are you taking? \_\_\_\_\_

List and describe the location of any rash or marking on your body: \_\_\_\_\_

### Release for Testing Procedure

Thermal Imaging provides physiological and functional diagnostic information and does not replace any other diagnostic procedure.

I have read the above information and understand that I am not receiving a diagnosis based on my thermal scan. I authorize this clinic's personnel to perform this and all subsequent thermal imaging examinations.

I have complied with the pre-examination instructions for proper thermal Imaging

**Print Name** \_\_\_\_\_ **Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

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#### Please do not write in this section

Initial Exam

Re-Exam

Tech \_\_\_\_\_

Patient T = \_\_\_\_\_ F

Laboratory Temperature \_\_\_\_\_ C