



## Full Body & Pain History

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 \_\_\_\_\_

### Please do not write in this section

Initial Exam       Re-Exam      Tech \_\_\_\_\_

Patient T = \_\_\_\_\_ F      Laboratory Temperature \_\_\_\_\_ C