Alberta Thermography
&
Women's Holistic Clinic
freedom to choose

13137 - 156 Street
Edmonton, A B T5V 1V2
Te l : 7 8 0 . 455 .6123

Full Body & Pain History

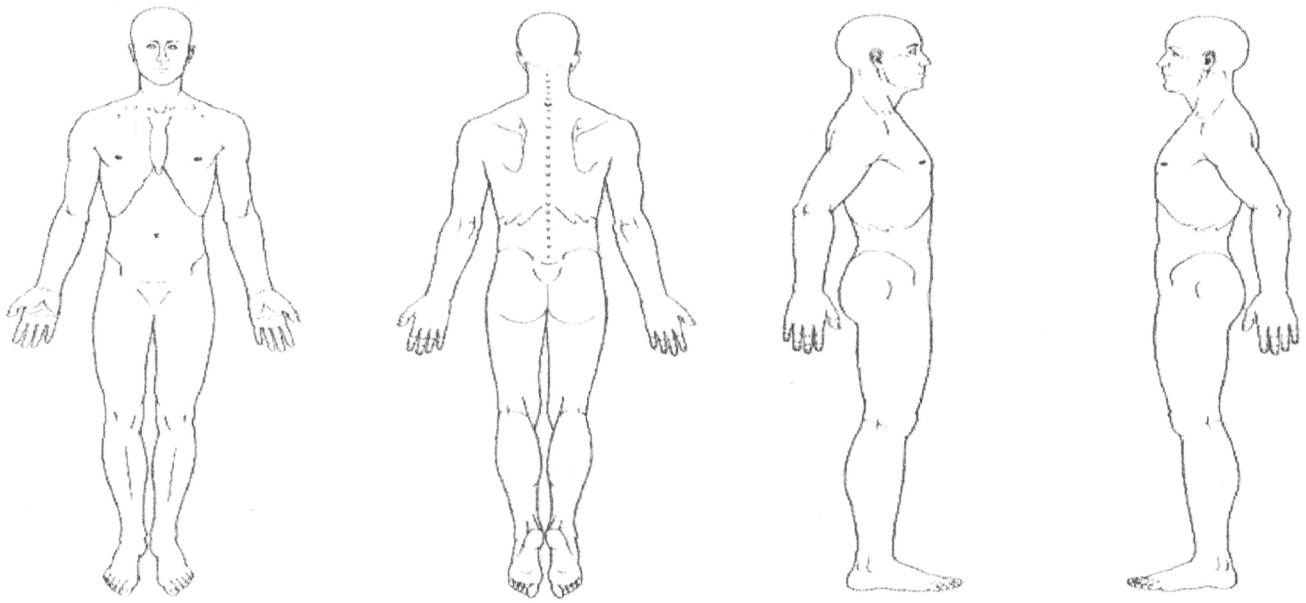
Date: _____ Date of Birth: _____

Name: _____ Street: _____

City: _____ Province: _____ Postal Code: _____

Tel. (Res.) _____ Tel (Bus.) _____ 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? _____