

Confidential Questionnaire
Upper Body Pain Study

Name _____ Birth Date _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

Phone Number (home) _____ (cellular) _____ (work) _____

Email Address _____ Referring Physician _____

All information given in the questionnaire will remain strictly confidential and will only be divulged to the reporting thermographer and any other practitioner that you specify.

Head & Neck Related Pain

Yes

No

1. Do you suffer with headaches?

If yes, once a month or less _____ more than once a month _____

2. Do you have TMJ or does your jaw click?

3. Do you have neck pain?

4. Do you have upper back pain?

Do you have any special concerns or are there any details related to the information above?

Chest, Shoulder, & Upper Back Related Pain

Yes

No

1. Have you been diagnosed with upper spine disorders?

2. Do you suffer with upper back pain?

3. Do you suffer with chest pain?

4. Have you been diagnosed with scoliosis?

5. Have you ever had surgery to your mid to upper back?

6. Do you suffer with shoulder pain?

Do you have any special concerns or are there any details related to the information above?

Upper Extremities Related Pain

Check only if "Yes"

1. Do you suffer with pain in the...

Shoulder? LT___ RT___

Elbow? LT___ RT___

Arm? LT___ RT___

Hands? LT___ RT___

2. Have you ever had surgery to...

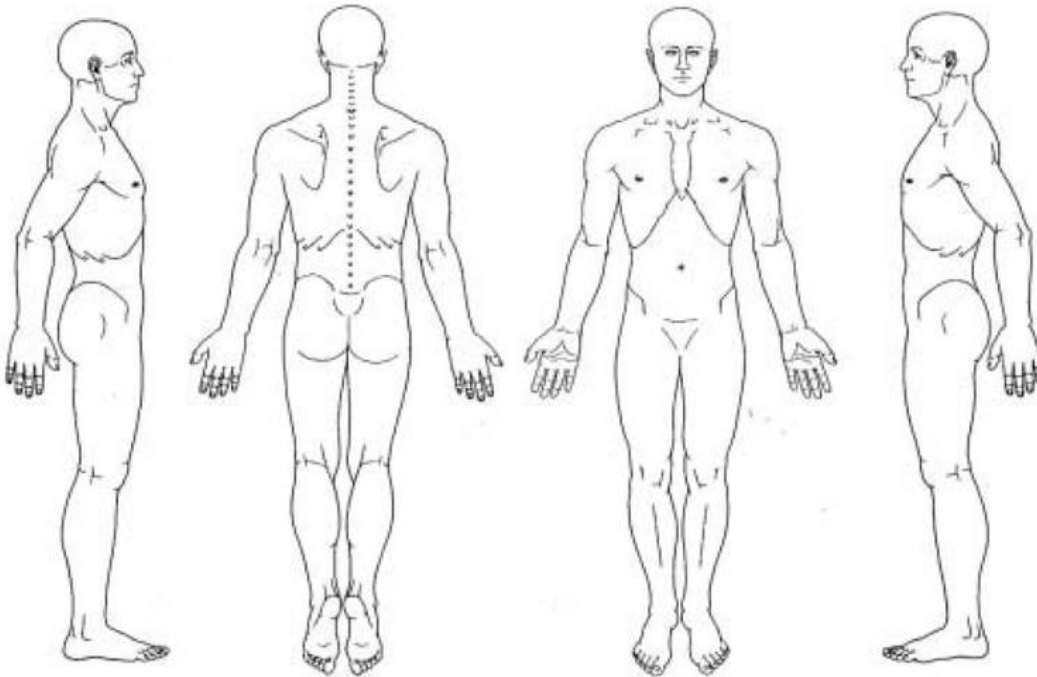
Shoulder? LT___ RT___

Elbow? LT___ RT___

Arm? LT___ RT___

Hands? LT___ RT___

**Mark Areas of Pain with Description (burning, stabbing, aching)
and duration (chronic = more than 6 months)**



Areas of Pain

Do you have any special concerns or are there any details related to the information above? Please provide dates and specific details related to surgeries or treatments.



Client Contract and Treatment Consent Form

Thermography is a non-contact, private, and non-invasive procedure. The value of thermography as a study tool is its ability to measure skin temperature changes suggesting inflammatory response to injury or metabolic effects of tissue disturbance. **It offers men and women supportive information that no other procedure can provide regarding general health.**

This information does not in any way suggest diagnosis and/or treatment. Studies show that the patient benefits when multiple tests are used in combination. This multimodal approach includes physical exams by a licensed healthcare provider, ultrasound, MRI, and other tests that may be ordered by your doctor.

Notice to clients presenting with previously diagnosed conditions including cancer:

Thermography interpretation in your report **does not include information or recommendations related to the measured changes of disease beyond skin temperature changes and patterns.**

As there is no single known test capable of monitoring all biological influences of the complex diseases, **continued monitoring with available additional testing as recommended by your personal physician is strongly advised.**

Your thermographer may not be a licensed medical professional. **Your thermographer cannot interpret your images or advise or prescribe to you based on your images.** Your thermographer can ask health history questions, as well as educate you on general health.

By signing below, I certify that I have read and understand the statement above and consent to the examination. I am not an undercover agent or acting on behalf of law enforcement.

Client Signature _____ Today's Date _____