

**Confidential Questionnaire**  
*Lower 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.*

**Low Back Related Pain**

- |   |  |
|---|--|
| <p>1. Do you suffer pain in the...</p> <p>R Rib Area?    Yes___ No___</p> <p>L Rib Area?    Yes___ No___</p> <p>Lower Back?    Yes___ No___</p> <p>Pelvic Region?    Yes___ No___</p> | <p>2. Have you had surgery to these areas?</p> <p>Provide more details below:</p> <p>Lower Back?    Yes___ No___</p> <p>Pelvic Region?    Yes___ No___</p> |
|---|--|

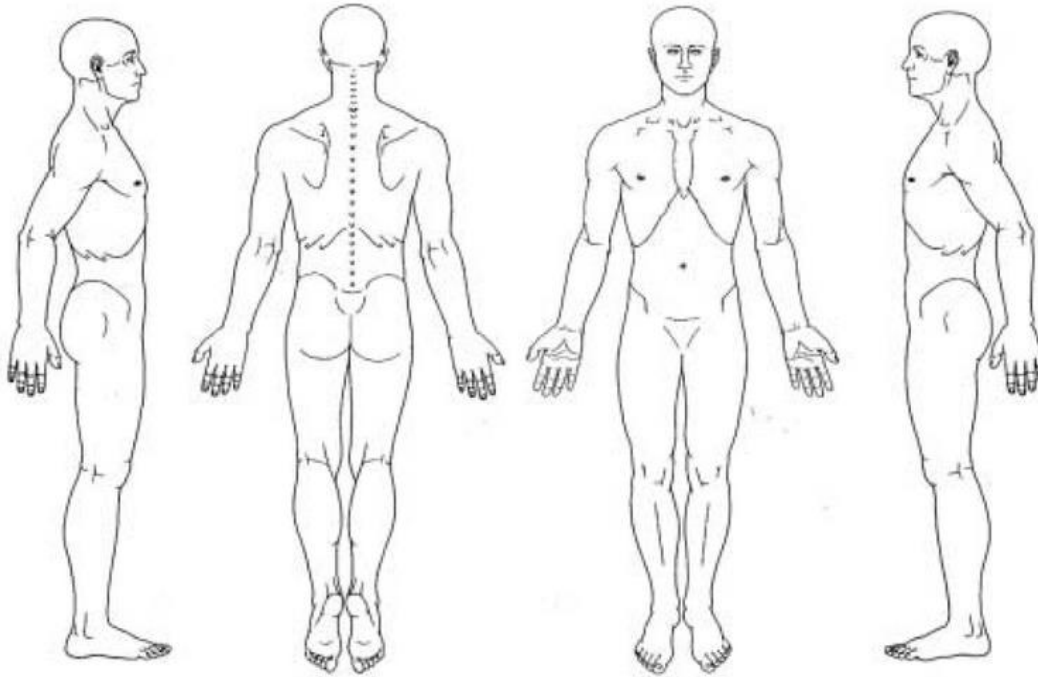
**Lower Extremities Related Pain**

*Check only if "Yes"*

- |   |   |
|---|---|
| <p>1. Do you suffer pain in the...</p> <p>Leg?            LT___ RT___</p> <p>Sciatica?        LT___ RT___</p> <p>Buttocks/Hip?    LT___ RT___</p> <p>Knees?            LT___ RT___</p> <p>Ankles?            LT___ RT___</p> <p>Feet?             LT___ RT___</p> | <p>2. Have you had surgery to...</p> <p>3. Leg?            LT___ RT___</p> <p>4. Sciatica?        LT___ RT___</p> <p>5. Buttocks/Hip?    LT___ RT___</p> <p>6. Knees?            LT___ RT___</p> <p>7. Ankles?            LT___ RT___</p> <p>8. Feet?             LT___ RT___</p> |
|---|---|

Please provide dates and specific details related to surgery or previous treatments.

**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 \_\_\_\_\_