
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