



TRUE ADVANTAGE
IMAGING LLC

Confidential Questionnaire

Lower Body Pain Study

Name _____ Birth Date _____ Today's Date _____

Address _____ City _____ State _____ Zip _____

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

E-Mail 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. This is a specific pain study, so questions related to other conditions are grayed out. If a more comprehensive health study is desired, choose a Health Study instead.

Lower Back Related Pain

1. Do you suffer with acid reflux or other digestive problems? Yes No	3. Have you had surgery to these areas? Provide more details below:
2. Do you suffer pain in the:	Stomach? Yes No
Stomach? Yes No	Spleen(Upper Left) ? Yes No
R Rib Area? Yes No	Liver(Upper Right) ? Yes No
L Rib Area? Yes No	Kidneys ? Yes No
Abdomen? Yes No	Intestines ? Yes No
Lower Back? Yes No	Abdomen ? Yes No
Pelvic Region? Yes No	Lower Back? Yes No
	Pelvic Region? Yes No

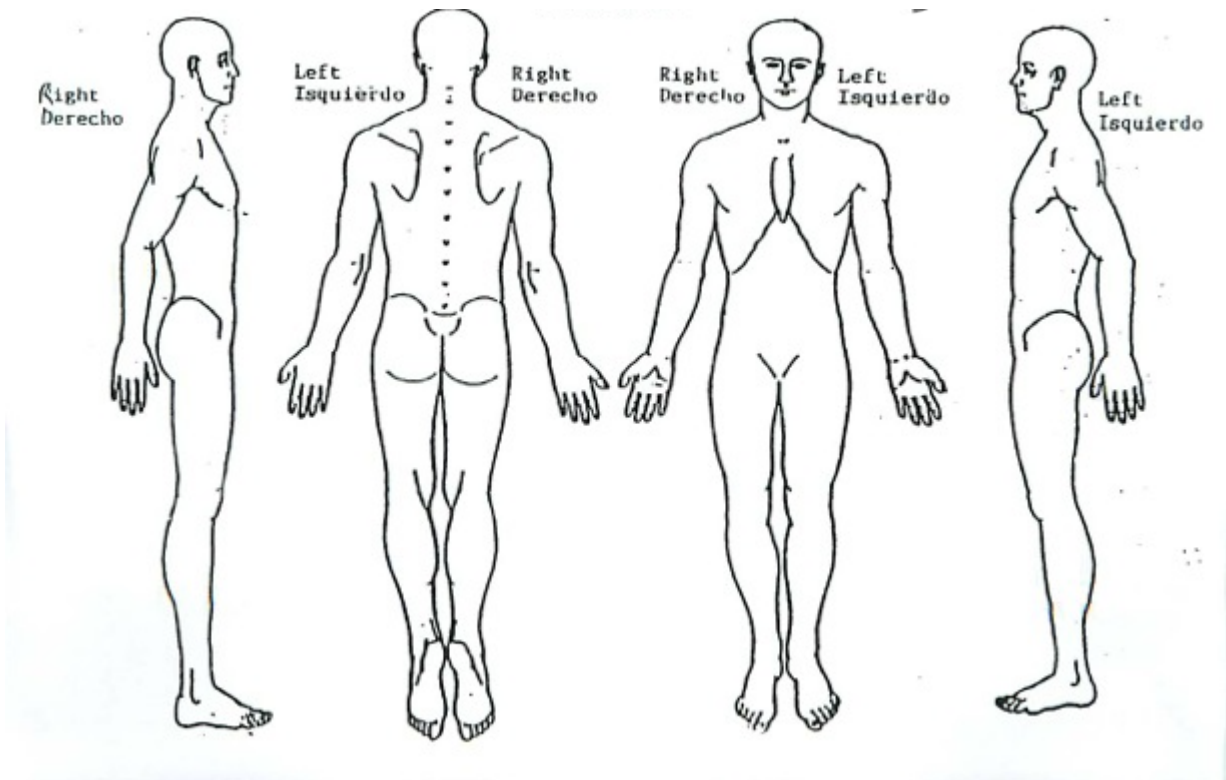
Lower Extremities Related Pain

Check only if "Yes"

1. Do you suffer pain in the:	2. Have you had Surgery to:
Leg? LT RT	Leg? LT RT
Sciatica LT RT	Sciatica? LT RT
Buttocks/Hip? LT RT	Buttocks/Hip? LT RT
Knees? LT RT	Knees? LT RT
Ankles? LT RT	Ankles? LT RT
Feet? LT RT	Feet? LT RT

See area below for additional information or concerns. Please provide dates and specific details related to surgery or previous treatments.

Mark Areas of Pain with Description (burning, stabling, 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.

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 breast 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 _____