

Health Concepts I

560 E Lanier Ave
Fayetteville, Ga 30214

770-719-8785

Name _____ DOB: _____

Address _____ City _____ State _____

Phone _____ Email _____

Please Show areas of :

Main Pain



Secondary Pain



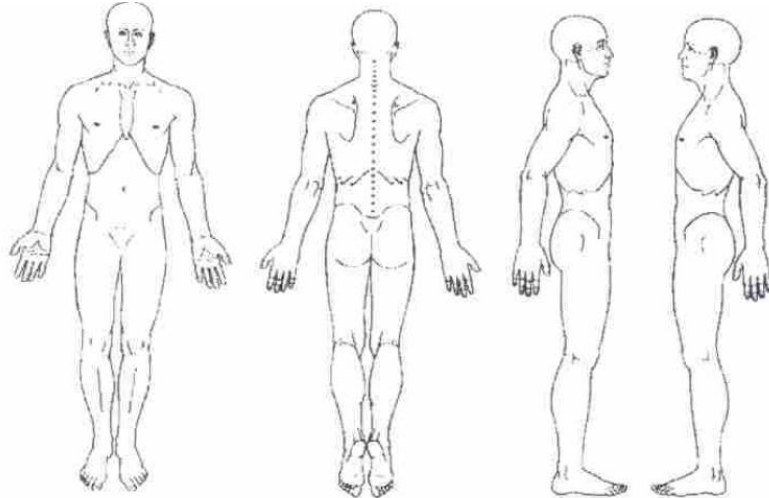
Numbness



Pins and needles



Skin lesions / scaring



Do you know what triggered the pain ?

Does anything relieve it ?

Does anything aggravate it ?

Has it changed since it began ?

Have you had any treatment ?

History of Fracture, Surgery or Injury to an area being imaged today?

I understand that this report is intended for use by trained healthcare professionals in evaluation and is not intended to diagnose or treat. It is not to be used by individuals for self diagnosis or evaluation. This report does not tell you whether you have a disease, illness or other condition, but will be an analysis of the images with respect to thermal findings in the areas discussed in the report. By signing below I indicate I have read and understand the statements above and consent to the screening.

Patient Signature _____ Date _____