



Dr. Natalie Yahle, DC, CTT
American Academy of Thermology Physician Member Certified

Pain History Intake Form

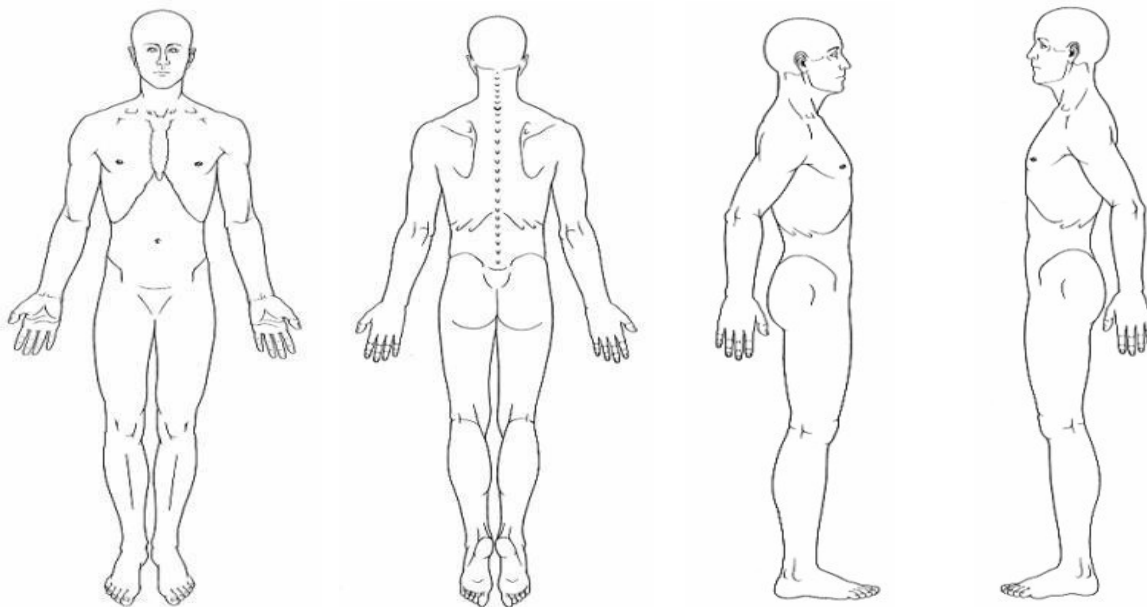
Date: _____ Initial Scan Follow Up

Name: _____ Age: _____ Date of Birth: _____ M F

Area of Study: Full Body Upper Body Lower Body

List location(s) of concern and describe the pain (dull, achy, sharp, burning, etc.) _____

Mark on the image(s) where the pain is:



When did this start? _____

Were you in any accidents related to the current concern? (These include car accidents, work related accidents, sports injuries, falls, etc.) _____



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Do you have any numbness, tingling, or weakness? If so, please describe: _____

Does anything make the pain feel better? _____

Does anything make the pain feel worse? _____

Please list any doctors that have examined this pain _____

Please mark any tests done since the pain started:

X-ray Normal Abnormal Results: _____

Ultrasound Normal Abnormal Results: _____

MRI Normal Abnormal Results: _____

Other _____ Results: _____

Have you had surgery for this pain? Y N Date: _____

What treatments or therapies have you done for this pain (Chiropractic, massage, physical therapy, injections, etc) _____

List all medications you are currently on and how long you have been on them: _____

List any supplements you are currently on: _____

Office use only

Technician: _____ Room Temp: _____ °C Patient Temp: _____



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Informed Consent

I, _____ acknowledge that the American Academy of Thermology
(PRINT NAME)
Internationally peer reviewed guidelines state the following in regards to infrared imaging:

“Thermal imaging is an examination of physiology that is complementary to anatomical imaging techniques. Though proven to be highly accurate, thermal imaging is an adjunctive procedure; and as such, it is not intended to replace anatomic studies such as mammography, ultrasound, MRI, CT, X-ray, or others.” _____

(INITIAL)

“Thermography utilizes infrared technology which does not see into the body. It does not image any structure deeper than the skin or superficial mucosa. The technology detects heat and measures temperature. A normal thermographic study does NOT necessarily indicate that there is no abnormality and an abnormal study should only be considered as a risk marker. Infrared imaging can only be considered as one part of the evaluative process.” _____

(INITIAL)

I have followed all pre-examination requirements that comply with the AAT internationally peer reviewed guidelines. I understand that failure to comply with the protocols set forth in the guidelines can compromise the examination. _____

(INITIAL)

Signed

Date