blueprint to Neuropathy

Thermography Scan Form

First Name: _____ **Last Name:** _____

Email: _____ **Phone Number:** _____

Date of Birth: _____ **Sex:** Male ☐ Female ☐

Street Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Marital Status: _____

How did you hear about us?

Check all your symptoms

- ☐ Numbness
- ☐ Tingling
- ☐ Burning
- ☐ Pain
- ☐ Balance Problems
- ☐ Electric Shock Like Pain
- ☐ Cramping
- ☐ Difficulty Sleeping From Pain
- ☐ Symptoms Traveling Up the Leg
- ☐ Other _____

How long have you been suffering from these symptoms?

What treatments have you tried in the past for this condition?

How did they work?

Where do you see yourself in 3 years if it continues to progress?