

HISTORY AND SUBJECTIVE COMPLAINTS for EMI SUBMISSION

Name _____ Age _____ Date of Birth _____

Gender M F Occupation _____

Primary Care Physician _____

Clinical Concerns _____

Current Symptoms _____

Current Treatment _____

Current Medication _____

Thermogram History _____

Previous Report #'s _____

Results of Clinical Correlation _____

Mammogram/Ultrasound History _____

Family History _____

Surgical History _____

Ob/Gyn History _____

Dental History _____

General History _____

Diagnoses

Skin Lesions or
Physical Abnormalities

Updates or
Other Notes

Signature _____ Date _____