

HISTORY AND SUBJECTIVE COMPLAINTS for EMI SUBMISSION (p. 1)

Name _____ Age _____ Gender Male Female

Occupation _____

Primary Care Physician _____

Clinical Concerns _____

Current Symptoms _____

Current Treatment _____

Current Medication _____

Thermogram History _____

Mammogram/Ultrasound History _____

Family History _____

Surgical History _____

Ob/Gyn History _____

Dental History _____

General History _____

HISTORY AND SUBJECTIVE COMPLAINTS for EMI SUBMISSION (p.2)

Diagnoses _____

Skin Lesions or Physical Abnormalities _____

Other Notes _____