

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 \_\_\_\_\_