

Age: _____ Gender: _____ Occupation: _____

Primary Care Physician: _____

Clinical Concerns:

Current Symptoms:

Current Treatment:

Current Medication:

Thermogram Hx: _____

Previous Report #'s: _____

Results of clinical correlation: _____

Mammogram/Ultrasound Hx: _____

Family Hx: _____

Ob/Gyn Hx: _____

Surgical Hx: _____

Dental Hx: _____

General Hx: _____

Diagnoses:

Skin Lesions or Physical Abnormalities:

Notes:

Never:
