

**Age/Gender:**

**Occupation:**

**Primary Care Physician:**

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**Clinical Concerns:**

**Current Symptoms:**

**Current Treatment:**

**Current Medication:**

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**Thermogram Hx:**

**Previous Report #'s:**

**Results of clinical correlation:**

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**Mammogram/Ultrasound Hx:**

**Family Hx:**

**Ob/Gyn Hx:**

**Surgical Hx:**

**Dental Hx:**

**General Hx:**

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**Diagnoses:**

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**Skin Lesions or Physical Abnormalities:**

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**Notes:**