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### NEW PATIENT HISTORY AND PHYSICAL

Please indicate reason for this office visit: \_\_\_\_\_  
\_\_\_\_\_

Allergies to medications: \_\_\_\_\_

**PAST MEDICAL HISTORY:**     NONE / UNREMARKABLE

- |                                                           |                                                  |                                                  |
|-----------------------------------------------------------|--------------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Asthma                           | <input type="checkbox"/> Coronary Artery Disease | <input type="checkbox"/> Obstructive Sleep Apnea |
| <input type="checkbox"/> Chronic Obstructive Lung Disease | <input type="checkbox"/> Diabetes                | <input type="checkbox"/> Seizure Disorder        |
| <input type="checkbox"/> Congestive Heart Failure         | <input type="checkbox"/> HIV/AIDS                | <input type="checkbox"/> Thyroid Disease         |
| <input type="checkbox"/> Hypertension                     | <input type="checkbox"/> Tuberculosis            | <input type="checkbox"/> Other _____             |

<b>PAST SURGICAL HISTORY/HOSPITALIZATION(S):</b>	<b>** (Please list year and procedure)**</b>	
<b>Surgery</b>	<b>Procedure</b>	<b>Year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**SOCIAL HISTORY:**

- Current alcohol use: Y N    \_\_\_\_\_ # of drinks per day    \_\_\_\_\_ # of drinks per week
- Street drug intake: \_\_\_\_\_
- Current # of cigarettes/day \_\_\_\_\_ Past cigarette use ( # of years) \_\_\_\_\_ Interested in quitting: Y N  
 NEVER SMOKED                      Year quit smoking: \_\_\_\_\_
- Married             Single             Divorced             Widow

**FAMILY HISTORY:** (Please list disease & specify family member) i.e. Father – Diabetes  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PATIENT NAME:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **DATE:** \_\_\_\_\_