



1141 Caper Rd
El Paso, TX

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Are you currently under a Physician's care? If yes, who?

Date of last physical exam: _____ Date of last Mammogram: _____ Have you ever had BRCA Testing? YES NO

Age started period: _____ Age started Menopause: _____ Age at first delivery: _____ Did you breast feed? YES NO

Number of Pregnancies: _____ Number of Miscarriages: _____

Please list all medications: (Please list strength)

NON-MEDICATION Allergies :

Have you ever had any significant problems with anesthesia? YES NO Explain:

Are you pregnant or suspect you may be? YES NO

Do you use any birth control medications? Name:

Have you ever been treated for or been told you might have heart disease or a heart condition? YES NO

Do you have high or low blood pressure? (Please circle one) YES NO

Do you have a pacemaker or an artificial heart valve implant? YES NO

Have you ever had rheumatic fever? YES NO

Have you used ACUTANE? If yes, when? _____ YES NO

Have you ever taken the diet pill PHEN-FEN or PHENTERMINE? YES NO

- Have you ever had a serious illness? _____ YES
 NO
- Have you ever had Plastic Surgery? _____ YES
 NO
- Have you ever had Radiation Treatment, Chemotherapy? When: _____ YES
 NO
- Do you have any blood disorders such as anemia, leukemia and/or immunodeficiency disorders?
 YES NO
- Have you ever bled excessively after being cut or injured? YES
 NO
- Do you have acid reflux, hiatal hernia, ulcers or difficulty swallowing? (Please circle one)
 YES NO
- Do you have any kidney or liver problems? (Please circle one)
 YES NO
- Do you have a history of sleep apnea? YES
 NO
- Are you HIV positive? YES
 NO
- Do you have or have you tested positive for Hepatitis? YES
 NO
- Do you have or have you had Tuberculosis? YES
 NO
- Do you smoke, chew, use snuff or any other forms of tobacco, including cigars?
 YES NO
- Would you accept blood in an emergency? YES
 NO

Do you have any other condition or problem not listed? (Please list)

I certify that the above information is complete and accurate.

PATIENT NAME: _____ DOB: _____ DATE:

Adopted: 10/15