

## History and Physical /Historia y Examen Fisico

### Patient Information/Información del Paciente

Name/Nombre: \_\_\_\_\_ Date/Fecha: \_\_\_\_\_

Home/Casa: \_\_\_\_\_ Cell/Celular: \_\_\_\_\_

Work/Trabajo: \_\_\_\_\_ Birth Date/Fecha de Nacimiento: \_\_\_\_\_ SSN/Seguro Social: \_\_\_\_\_

### Drug Allergies/Alergia a Medicamentos

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### Current Medications/Medicamentos Actuales

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### Past Medical History/Historial Medico

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### Surgery/Cirugias

Procedure/ Reason (Procedimiento/Motivo)

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## Women Only/Para Mujeres

Pregnant/Estás embarazada? Yes \_\_\_ No \_\_\_ Planning Pregnancy/Planificando Embarazo? Yes\_\_\_ No \_\_\_  
Complications/Complicaciones? Yes \_\_\_ No \_\_\_

## Habits/Habitos

Smoke Packs Daily/Paquetes diarios: \_\_\_\_\_ How Long/Por cuanto tiempo: \_\_\_\_\_  
When Stopped/Cuando dejó: \_\_\_\_\_ Alcohol Type/Amount/Tipo/Cantidad: \_\_\_\_\_

## Testing/Estudios

Date Ordered By (Fecha)/Facility (Centro)

Mammogram/Mamografia:\_\_\_\_\_ PAP:\_\_\_\_\_ Colonoscopy/

Colonoscopia:\_\_\_\_\_

DexaScan/BoneDensity(DensitometriaOsea):\_\_\_\_\_

## Other Specialists/Otros Especialistas

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