

WESTOVER HILLS CLINIC

11212 State Highway 151, Suite 190
San Antonio, Texas 78251
Tel. (210) 523-9933 Fax (210) 647-0242

PAST MEDICAL HISTORY

Please check if you have had
In this column

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

YES _____ NO _____

Illness _____

Medications/doses _____

Allergies to medications:

No _____ Yes _____

Habits: Smoking Yes, _____ No _____ Former smoker _____ Yes _____ No _____

Alcohol use yes _____ Weekly intake: _____ No _____

Other _____

Past Surgery/hospitalization: _____

Preventative Care

Immunizations history: Past Tetanus date: _____ Past pneumonia vaccine (over 65) _____

Past shingles (over 60) _____ Past colonoscopy (over 50) _____

Past eye exam (over 60) _____

Past mammogram (over 40) _____

Past bone density (over 65) _____

PSA test (male over 50) _____

Past Pap smear (over 21) _____

FAMILY HISTORY

Please indicate in this column if your
mother (M), father (F), sibling (S) in this column

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

_____ (M) _____ (F) _____ (S)

