Villa Family Clinic, PC

311 Future Dr, San Antonio, TX 78213 · 1713 E Hwy 97, Pleasanton, TX 78064
Phone: 210-595-1182 · Fax: 210-595-1183

Medical History

PATIENT

Name: _____ Date of birth: _____

DO YOU HAVE, OR HAVE YOU HAD, ANY OF THE FOLLOWING?

- ☐ High blood pressure
- ☐ High cholesterol
- ☐ Diabetes
- ☐ Heart disease
- ☐ Atrial fibrillation
- ☐ Stroke
- ☐ Asthma / COPD
- ☐ Thyroid disorder
- ☐ Kidney disease
- ☐ Cancer
- ☐ Depression / anxiety
- ☐ Sleep apnea
- ☐ Acid reflux
- ☐ Arthritis
- ☐ Osteoporosis
- ☐ Seizures
- ☐ Blood clots
- ☐ Other (below)

Other conditions:

CURRENT MEDICATIONS (INCLUDE DOSE, OR BRING YOUR BOTTLES)

ALLERGIES (MEDICATIONS, FOODS, LATEX — AND THE REACTION)

SURGERIES AND HOSPITALIZATIONS (PROCEDURE AND YEAR)

FAMILY HISTORY (PARENTS, SIBLINGS — CONDITION AND RELATION)

SOCIAL HISTORY

- ☐ Tobacco: never
- ☐ Tobacco: former
- ☐ Tobacco: current
- ☐ Alcohol: none
- ☐ Alcohol: occasional
- ☐ Alcohol: regular

Occupation: _____ Exercise per week: _____

FOR OUR RECORDS

Preferred provider / previous primary care: _____

Date of last physical exam: _____ Date of last blood work: _____