



5925 CROMO DR. STE. B, EL PASO, TX 79912 P: (915) 283-4730 | F: (915) 283-6210

MEDICAL HISTORY FORM

Date: _____

Sex: Male Female

Name: _____ Date of Birth: _____ Height: _____ Weight: _____

FOR THE FOLLOWING QUESTIONS, CIRCLE YES OR NO, WHICHEVER APPLIES. YOUR ANSWERS ARE FOR OUR RECORDS ONLY AND WILL BE KEPT CONFIDENTIAL.

1. Are you in good health? Yes No
2. Has there been any change in your health in the past year? Yes No
3. My last physical exam was on: _____ / _____ / _____
4. Are you now under the care of a physician? Yes No
If so, for what condition? _____
5. The name and address of my physician is: _____
6. Have you had any serious illness, operation or hospitalization within the past 5 years? Yes No
7. Have you had an artificial joint replacement (knee, hip, shoulder, etc.)? Yes No
8. Are you taking or have you ever taken Bisphosphonates for osteoporosis or chemotherapy for multiple myeloma or other cancers (Reclast, Fosamax, Actone, Boniva, Aredia, Zometa or Prolia)? Yes No
9. Are you taking any medicine(s) including diet pills, non-prescription, vitamins, homeopathic or natural remedies? Yes No
If so, please list: _____
10. Do you have, or have you had any of the following diseases or problems?
 - a. Damaged heart valves, artificial valves or heart murmur Yes No
 - b. Rheumatic Heart Disease Yes No
 - c. Heart trouble, heart attack, angina, high blood pressure, stroke, arteriosclerosis or any other heart conditions Yes No
 1. Chest pain upon exertion? Yes No
 2. Shortness of breath after mild exercise? Yes No
 3. Do your ankles swell? Yes No
 - d. Allergies Yes No
 - e. Sinus trouble Yes No
 - f. Asthma or hay fever Yes No
 - g. Fainting spells or seizures Yes No
 - h. Diabetes Yes No
 - i. Hepatitis, jaundice or liver disease Yes No
 - j. Frequent or recurring mouth sores Yes No
 - k. Thyroid problems Yes No
 - l. Respiratory problems, emphysema, bronchitis, etc. Yes No
 - m. Arthritis or painful, swollen joints including jaw joint (TMJ) Yes No
 - n. Osteoporosis Yes No
 - o. Stomach Ulcer or hyperacidity Yes No
 - p. Kidney trouble Yes No
 - q. Tuberculosis Yes No
 - r. Persistent cough or cough that produces blood Yes No
 - s. Persistent swollen neck glands Yes No
 - t. Low blood pressure Yes No
 - u. Epilepsy or neurological disorder Yes No
 - v. Cancer Yes No
 - w. Any disease, drug or transplant operation that has depressed your immune system Yes No