

Historial Medico (Medical History)

Nombre del paciente (Patient Name): _____ Fecha de nacimiento (Date of Birth): _____ Edad (Age): _____

Estatura (Height): _____ Peso (Weight): _____ Farmacia y ubicación preferida (Preferred Pharmacy and Location): _____

Proveedor de referencia (Referring Physician): _____

Razón de su visita hoy (Reason for your visit today): _____

¿Tiene alguna condición médica importante (como presión arterial alta, enfermedad cardíaca, diabetes, etc.)? [Do you have any significant medical conditions (such as high blood pressure, heart disease, diabetes, etc.)?]: _____

Alergias a medicamentos (¿a qué medicamentos es alérgico?) [Drug Allergies (What medications are you allergic to?):

| Alergia a medicamentos (Medication Allergy): | Reacción (Reaction): |
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Medicamentos actuales (Current Medications):

| Medicamentos (Medications): | Dosis y direcciones (Dose and Directions): | Razón (Reason): |
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Historia quirúrgica (Surgical History):

| Cirugía (tipo) [Surgery (Type)]: | Edad o año (Age or Year): | Cirujano (si se conoce) [Surgeon (if known)]: | Instalación (si se conoce) [Facility (if known)]: |
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Uso de alcohol / tabaco (por favor circule) [Alcohol/Tobacco Use (please circle)]:

Consumo de alcohol (Alcohol Intake): Ninguna (None): Ocasional (Occasional): Regular (Regular): Pesado/a (Heavy):

El consumo de tabaco (Tobacco Use): Ninguna (None): Ocasional (Occasional): Regular (Regular): Pesado/a (Heavy):

| | | |
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| Años fumado (Years Smoked): | Paquetes por día (Packs per day): | Si Ud. renunció, ¿en qué año? (If quit, what year?): |
|-----------------------------|-----------------------------------|--|

Historial médico familiar (anote cualquier condición médica como presión arterial alta, enfermedad cardíaca, diabetes, etc.) [Family Medical History (list any medical conditions such as high blood pressure, heart disease, diabetes, etc.)]:

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|-------------------------------|-------------------------------|
| Lado materno (Maternal side): | Lado paterno (Paternal side): |
| Hermano(s) [Brother(s)]: | Hermana(s) [Sister(s)]: |