



Bernard R. Cavazos, Jr., M.D.
 Carolyn Lewallen Cavazos, M.D.
 Dr. Yadira A. Anca, M.D.
 9639 Huebner Road
 San Antonio, TX 78240

Patient History and Physical

Name: _____
Address: _____
Today's Date: _____
Phone Number: _____
Email Address: _____
Pharmacy Name _____
Street / Cross Section _____

Date of Birth: _____
Cell Phone Number: _____
Age _____
Pharmacy Phone # _____
Pharmacy Fax # _____

Social History: Single _____
 Married _____
 Divorced _____
 Widowed _____

Tobacco Use: Yes / No _____
Any hx of STD's: Yes / No _____
Any hx of Abnormal Paps: Yes / No _____

Last Menstrual Period: _____
Date of Last Pap Smear: _____
Date of Last Mammogram: _____
Method of Contraception: _____

Allergy List: _____

Reproductive History: Total # _____

Pregnancies: _____
 Premature Births: _____
 Miscarriages: _____
 Abortions: _____
 Vaginal Deliveries: _____
 C-Sections: _____

(If yes, please list date of last abnormal pap smear)

Vital Signs: Office Use Only
 B/P: _____
 Weight: _____
 Height: _____

Medication List: _____

Family Medical History: Relationship

Hypertension: _____
 Diabetes: _____
 Thyroid Diseases: _____
 Kidney Problems: _____
 Bowel Problems: _____

Relationship

Cancer: _____
 Bleeding Disorders: _____
 Genetic Abnormalities: _____
 Anemia: _____
 Breast Disease: _____

Past Medical History:

Illness: _____ Date: _____
 Illness: _____ Date: _____

Illness: _____

Date: _____

Past Surgical History:

Operation: _____

Date: _____

Operation: _____

Date: _____

Operation: _____

Date: _____

Operation: _____

Date: _____

Additional Notes: _____
