Oak Hills Women's Center
Allison R. Cavazos M.D.
Bernard R. Cavazos Jr. M.D.
Carolyn L. Cavazos M.D.

Patient History and Physical

Name: _____

Address: _____

Date of Birth: _____ Age: _____ Cell Phone Number: _____

Email Address: _____ Home Phone Number: _____

Pharmacy Name: _____ Pharmacy Address: _____

Pharmacy Phone: _____ Pharmacy Fax: _____

Primary Care Physician: _____

Social History:

Single
Engaged
Married
Divorced
Widowed

Reproductive History:

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

Tobacco Use: Yes / No Sexually Active: Yes / No Partner(s) Gender: Male / Female / Both
History of STD's: Yes / No
Abnormal Paps: Yes / No If yes, please list date(s): _____

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

Allergy List: _____ Medication List: _____
_____ _____
_____ _____
_____ _____
_____ _____

Family Medical History

	Relationship		Relationship
Hypertension:	_____	Bleeding Disorders:	_____
Diabetes:	_____	Genetic Abnormalities:	_____
Thyroid Disease:	_____	Anemia:	_____
Kidney Problems:	_____	Cancers:	_____
Bowel Problems:	_____	Breast/Ovarian Cancer:	_____

Personal Medical History

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

Please See Reverse Side

Surgical History

Type of Surgery: _____ Date: _____
Type of Surgery: _____ Date: _____
Type of Surgery: _____ Date: _____

Additional Notes: _____
_____
_____
_____

For Office Use Only

Vital Signs:
BP: _____ Weight: _____ Height: _____

PE: _____

_____

_____

_____

_____

_____

Labs: _____

_____

_____

Dx: _____

_____

_____

_____

_____

Plan: _____

_____