Dr. Jorge Fuentes
www.drjorgefuentes.com

Patient Medical History

Name: _____

Birth date: _____ Occupation: _____

Name of parents, if a minor: _____

Address: _____ Colony: _____

City: _____ State: _____ Zip: _____

E-mail address: _____ Referred by: _____

Home phone: _____ Office phone: _____

Cellular phone: _____ Pager: _____ PIN: _____

Work address: _____

Are you allergic to any of the following? (circle Yes or No)

Y N Aspirin	Y N Codeine	Y N Erythromycin	Y N Latex	Y N Sedatives	Y N Tetracycline
Y N Barbituates	Y N Dental Anesthetics	Y N Jewelry / Metals	Y N Penicillin	Y N Sulfa Drugs	Y N Other

Please list anything additional that causes allergic reactions: _____

Do you have or have you experienced the following? (circle Yes or No)

Y N Abnormal bleeding	Y N Colitis	Y N Hay Fever	Y N Liver Disease	Y N Shingles
Y N Alcohol Abuse	Y N Congenital Heart Defect	Y N Headaches	Y N Low Blood Pressure	Y N Sickle Cell Disease
Y N Anemia	Y N Diabetes	Y N Heart Attack	Y N Lupus	Y N Sinus Problems
Y N Arthritis	Y N Difficulty Breathing	Y N Heart Murmur	Y N Mitral Valve Prolapse	Y N Steroid Therapy
Y N Artificial Bones/Joints	Y N Drug Abuse	Y N Heart Surgery	Y N Pacemaker	Y N Stroke
Y N Artificial Valves	Y N Emphysema	Y N Hemophilia	Y N Persistent Cough	Y N Thyroid Problems
Y N Asthma	Y N Epilepsy	Y N Hepatitis	Y N Psychiatric Problems	Y N Tonsillitis
Y N Blood Transfusion	Y N Ever Hospitalized	Y N Herpes	Y N Radiation Treatment	Y N Tuberculosis (TB)
Y N Cancer	Y N Fainting Spells	Y N High Blood Pressure	Y N Rheumatic Fever	Y N Ulcers
Y N Chemotherapy	Y N Fever Blisters	Y N HIV+/AIDS	Y N Scarlet Fever	Y N Venereal Disease
Y N Chicken Pox	Y N Glaucoma	Y N Kidney Problems	Y N Seizures	

Please list any serious medical condition(s) that you have experienced: _____

_____

Are you taking any prescription/over-the-counter drugs? Y N If yes, please list each one: _____

_____

Surgical procedures within the past 5 years: _____

_____

If pregnant, week #: _____ Number of children: _____

General Physician's name: _____ Phone: _____

Signed in Mexico, D.F.: _____ Date: _____
(signature)