Versatile Health
1307 Lubbock Highway
Lamesa, TX 79331

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New Patient History and Physical Form

Name:_____ DOB: _____

Medical History: Please check box and date diagnosed

Condition	Date	Y	N	Condition	Date	Y	N	Condition	Date	Y	N
FREQUENT HEADACHE				**PSYCHOLOGICAL DISORDER**				**CATARACTS**			
SEIZURE DISORDER				**STROKE**				**GLAUCOMA**			
ASTHMA				**EMPHYSEMA**				**COPD**			
TUBERCULOSIS (TB)				**CORONARY/HEART DISEASE**				**HYPERTENSION**			
THYROID DISORDERS				**DIABETES**				**LIVER/HEPATIC DISEASE**			
GALLBLADDER DISEASE				**GERD/ACID REFLUE**				**KIDNEY DISORDERS**			
CANCER OF ANY TYPE				**COLON PROBLEMS**				**ABNORMAL PERIOD/PAIN**			
BLADDER PROBLEMS				**PROSTATE PROBLEMS**				**ARTHRITIS**			
EPILEPSY				**OTHERS:**				**OTHERS:**			

Surgical History: Please check box and date diagnosed

Condition	Date	Y	N	Condition	Date	Y	N
CATARACT SURGERY				**PROSTATE SURGERY**			
THYROID SURGERY				**KNEE SURGERY**			
GALLBLADDER SURGERY				**TUBE IN EARS**			
BLADDER SUSPENSION				**NECK SURGERY**			
HIP SURGERY				**THORACIC SPINE SURGERY**			
TONSILS REMOVED				**LUMBAR SPINE SURGERY**			
ADENOIDS REMOVED				**KIDNEY SURGERY**			
HEART SURGERY				**KIDNEY STENTS**			
HEART STENTS				**TOTAL HYSTERECTOMY**			
APPENDIX REMOVED				**PARTIAL HYSTERECTOMY**			
SHOULD SURGERY				**LAST COLONOSCOPY**			
EGD (STOMACH SCOPED)				**LAST PAP SMEAR**			
LAST MAMMOGRAM				**ABNORMAL PAP SMEAR**			
MASTECTOMY				**OTHERS:**			

Social History: Please fill out if applicable

	Y	N	How many years	Amount per day/week/month	Type (circle)
Tobacco Use					**CIGARS PIPE VAPING CIGARETTES SMOKELESS (DIPPING) TOBACCO SNUFF**
Alcohol Use					**BEER WINE LIQUOR**
Have you ever done street drugs?					**MARIJUANA COCAINE METHAMPHETAMINES OTHER: _____**
Caffeine Use					**TEA COFFEE ENERGY DRINKS SODAS**