DIABETES & THYROID METABOLIC CLINIC
www.DiabetesThyroid.Clinic
Tel: (915) 307-9697 **Fax**: (915) 301-0516
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Address: 601 Sunland Park Dr. Ste 6-1,
El Paso Texas, 79912

MEDICAL HISTORY

MARK IF ANY APPLY: ( ) ALCOHOLISM ( ) ANEMIA ( ) ANXIETY/DEPRESSION

( ) ARTHRITIS ( ) BLOOD CLOTS ( ) CANCER

( ) DIABETES TYPE 1 ( ) DIABETES TYPE 2 ( ) HEART ATTACK

( ) HIGH BLOOD PRESSURE ( ) HIGH CHOLESTEROL/TRIGLYCERIDES

( ) HYPERTHYROID ( ) HYPOTHYROID ( ) KIDNEY DISEASE

( ) LIVER DISEASE ( ) OSTEOPOROSIS ( ) PANCREATITIS

( ) SEIZURE DISORDER ( ) SKIN DISEASE ( ) STROKE

OTHER:_____
_____
_____

SURGERY HISTORY:

PROBLEM	DATE	SURGEON/CLINIC

SOCIAL HISTORY:

Do you smoke? Yes or No

How many packs/day? _____

For how many years? _____

Are you sexually active? Yes or No

More than 1 partner? Yes or No

Do you drink? Yes or No

More than 3 drinks/day? Yes or No

How often do you drink? _____

Any drug use? Yes or No

What type of drug use? _____

Have you had an STD test performed in the last 12 months? Yes or No