



SAXUM

MEDICAL SERVICES



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Name (Nombre): _____

Birth Date (Fecha de Nacimiento): _____

Marital Status (estado civil): _____

MEDICAL HISTORY (Historia Medica)

Have you ever had (Alguna vez ha tenido):	No	Yes (si)	Have you ever had (Alguna vez ha tenido):	No	Yes (si)
Allergies (alergia)			GERD (refuljo gastroesofagico)		
Anemia (anemia)			Glaucoma (glaucoma)		
Anxiety (ansiedad)			Headaches (dolor de cabeza)		
Arthritis (arthritis)			Heart Disease (enfermedad del corazon)		
Asthma (asma)			High Cholesterol (colesterol elevado)		
BPH (hiperplasia prostatica benigna)			Hypertension (hipertension)		
Cancer (cancer)			Kidney Disease (enfermedad de los rinones)		
Carotid Artery Stenosis (estenosis de la arteria carotida)			Myocardial Infarction (infarto de miocardio)		
Cerebrovascular Accident (accidente cerebrovascular)			Obesity (obesidad)		
Cholelithiasis (colecistiasis)			Osteoporosis (osteoporosis)		
Congestive Heart Failure (insuficiencia cardiac)			Thyroid Disease (enfermedad de tiroides)		
COPD (epoc)			Other Medical History (otros antecendtes medicos)		
Depression (depression)					
Diabetes (diabetes)					
Epilepsy (epilepsia)					

SURGICAL HISTORY (Antecedents Quirurgicos-Cirugias)

Have you had (Alguna vez ha tenido):	Date	No	Yes(si)	Have you had (Alguna vez ha tenido):	Date	No	Yes (si)
Appendectomy (apendectomia)				Hysterectomy (histerectomia)			
Cesarean Section (cesaria)				Tonsillectomy (tonsilectomia)			
Cholecystectomy (colecistectomia)				Tubal Ligation (ligature de tromas)			
Cosmetic Surgery (cirugia cosmetica)				List Any Other Surgeries Below (otras cirugias):			
Hernia Repair (reparacion de hernia)							

SOCIAL HISTORY (Historia Social)

Do you use (usa usted):	No	Yes (si)	Do you use (usa usted):	No	Yes (si)
Alcohol			Tobacco		
If Yes, How Much (que cantidad):			If yes How Much (que cantidad):		
Street Drugs (drogas)					

FAMILY MEDICAL HISTORY (Historia Medica Familiar)

Relatives with (Tiene Parientes con)?:	No	Yes (si)	Relatives with (Tiene Parientes con)?:	No	Yes (si)
Cancer (cancer)			Mental Disorders (transtorno mental)		
Diabetes (diabetes)			Stroke (embolio cerebral)		
Epilepsy (epilepsia)			Tuberculosis (tuberculosis)		
Heart Trouble (problema cardiac)			Other Medical Problem (otro problema medico):		
High Blood Pressure (alta presion)					

PROCEDURE HISTORY (Examenes Medicos)

Have you had (Alguna vez ha tenido):	Date	No	Yes(si)	Have you had (Alguna vez ha tenido):	Date	No	Yes (si)
Bone Density (densidad osea)				Endoscopy (endoscopia)			
Carotid Doppler (doppler carotideo)				Eye Exam (examen ocular)			
Colonoscopy (colonoscopia)				Mammogram (mamograma)			
Echocardiogram (echocardiograma)				Pap Smear (papanicoleau)			
EKG (electrocardiograma)				Sleep Study (estudio de sueno)			

IMMUNIZATIONS (Inmunizaciones)

Have you had (Alguna vez ha tenido):	Date	No	Yes(si)	Have you had (Alguna vez ha tenido):	Date	No	Yes (si)
Influenza Vaccine (Vac. contra influenza)				Shingles Vaccine (Vac. contra herpes zoster)			
Pneumococcal Vaccine (antineumococica)				Whooping Cough Vac (Vac. contra toz ferina)			
Teatunus Vaccine (Vac. contra el tetanus)				Hepatitis Vaccine (Vac. Contra la hepatitis)			

