MEDICAL HISTORY

Patient Name:			DOB:	Age:		
Medications you are c	urrently taking (including	g supplements):	***************************************			
MEDICATION ALLERGI	ES:					
Describe reaction:						
	Do you smoke?	Yes / No	How many per day?			
	Do you drink alcohol?	Yes / No	Drinks per week?			
	Do you use illicit drugs	? Yes / No				
Have you ever had:	Anemia	Asthma/COPD	Osteoarthritis	Rheumatoid Arthritis		
(please circle if yes)	Bursitis/Tendonitis	Cancer	GERD/Ulcers	Diabetes		
	Epilepsy/Seizures	Gout	HIV	Clotting disorder		
	Hepatitis	Hypertension	High Cholesterol	Tuberculosis		
	Kidney disease	Stroke	Venereal disease	Glaucoma		
	Hypothyroidism	DVT/PE	Depression	MRSA/other infections		
	Heart trouble →→→→ Cardiologist's Name:					
	Chronic Pain $\rightarrow \rightarrow \rightarrow \rightarrow$ Pain Management Doctor:					
	Other:					

Please list previous SURGERIES/HOSPITALIZATIONS: (at least the last 5 years)

Year	Hospital	Physician	Reason/Procedure

Scott L Sledge MD PA Attn: HIPAA Officer 155 E Sonterra Blvd San Antonio, Tx 78230 210-494-9600

To file a complaint, you may either call or send a written letter. The Practice will not retaliate against any individual who files a complaint. You may also file a complaint with the Secretary of the Department of Health and Human Services.

In addition, if you have any questions about this Notice, please contact the Practice's HIPAA Officer at the address or phone number listed above.

VII. ACKNOWLEDGEMENT AND REQUESTED RESTRICTIONS.

By signing below, you acknowledge that you have received this Notice of Privacy Practices prior to any service being provided to you by the Practice, and you consent to the use and disclosure of your medical information as set forth herein except as expressly stated below.

information:	iosure (specify as applicable) of my
Patient Name:	
(Please Print Name)	
Patient Date of Birth:	
SIGNATURES:	
Patient/Legal Representative:	Date:
If Legal Representative, relationship to Patient:	
Witness (optional) :	
HIPAA Policies and Procedures Manual Page 8	