



10601 4<sup>th</sup> Street NW  
Albuquerque, NM 87114

phone 505\_828\_3000 fax 505\_828\_3002  
web vesselnm.com

Patient: \_\_\_\_\_ D.O.B: \_\_\_\_\_

Primary Doctor: \_\_\_\_\_ Other Doctors: \_\_\_\_\_

Chief Problem: \_\_\_\_\_

**Medications:**

**Prescriptions**

**Supplements**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Allergies:**

None Medications: \_\_\_\_\_

Seasonal Food: \_\_\_\_\_

**Past Illnesses:**

**Medical Problems**

**Surgery and Year**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Social History:**

Alcohol:	None	Episodic	Daily	
Tobacco:	None	Previous	Current	Chew
Exercise:	None	Minimal	Daily	

**Family Illnesses:**

**Illness**

**Age(s) or Age Deceased**

<b>Father</b>	_____	_____
<b>Mother</b>	_____	_____
<b>Siblings</b>	_____	_____
<b>Other</b>	_____	_____