



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: \_\_\_\_\_ Preferred Pharmacy: \_\_\_\_\_

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

**Medications:** Complete attached form

**Allergies:** None Medications Allergies: \_\_\_\_\_

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

**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>	_____	_____