Palm Valley Medical Clinic

Dr. Noel Lopez Anna Lisa Guzman, P.A.-C Linda L. Garcia, PA-C
5140 North 10th St
McAllen, Tx 78504
956-972-1600 (o) / 956-972-0880 (f)

Date: _____

Name: _____ DOB: _____ Age: _____ □M □F

Address: _____ City: _____ ST: _____ Zip: _____

Social Security Number: _____-_____-_____

PERSONAL HISTORY:

Occupation: _____ Rx: _____

Allergies: _____ □NKDA Surgeries: _____ □ None

Previous Back Injury: □ Yes □ No LMP: _____ (females only)

ETOH: □ Yes □ No Drug Abuse □ Yes □ No Smoking History: □ Yes □ No

□ social □ mod. □ excessive Types: _____ # years: _____ packs per day: _____

MEDICAL HISTORY:

Disease/Illness	Yes	No	Disease/Illness	Yes	No	Disease/Illness	Yes	No
Diabetes			Back Pain			Asthma		
Kidney Disease			Hypertension			Liver Disease		
History of Seizure			Heart Disease					
GI Problems			Cancer					

Height: _____ Weight: _____ B/P: _____ □ Lt. □ Rt. Temp: _____ Pulse: _____

Vision: (R) 20/____ (L) 20/____ (OU) 20/____

	Normal	ABN.		Normal	ABN.		Normal	ABN.
General			Lungs			Extremities		
HEENT			Abdomen			Neuro		
Neck			Lumbar			Adenopathy		
Heart			Hernia			Skin		

Specify abnormal Findings: _____

General Comments: □ Normal Physical Cleared for work

□ Patient needs further work up with Primary Care Provider

Provider Signature: _____ Date: _____

□ Dr. Noel Lopez □ Anna Lisa Guzman, PA-C □ Linda L. Garcia, PA-C

Patient must have these to complete exam: □ Audio □ Vision □ 10 Panel Drug Screen