## Carlos A Plata MD Pablo Rodriguez MD 1215 S. Coulter Suite 401 Amarillo, TX 79106 (806) 356 2280

			Pa	tient H	istory F	orm						
Date of first appointment: / / / Time of appointment:						_	Birthplace:					
Name:								Birthdate		7		1
LAST		FIRST		MIDDLE	NITIAL	MAIDEN	- 8	Birthdate	MONT	н	DAY	YEAR
Address:							Age:		Sex:	OF	$\square$ M	
STREET						APT#						
CITY			STATE		2.P		Telephon	e: Home Work		-		
Referred here by: (check one)	□ Self		□ Famil	Nr.	☐ Frier	nd	□ Doctor	200,4200	NO ESTRUCIONO	or Ho	alth Dr	ofessiona
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Name of person making referral:												
The name of the physician provid	THE STREET											
Do you have an orthopedic surge	on?	Yes	□ No If	yes, Na	me:							
ndicate the approximate date who	•											
lateate nearly early provided that												
ndicate treatments that have bee	n tried for thi	is probl	em and re	esults of	them:							
Please darken in the graphs the a	reas where y	you hav	e had pa	in in the	last wee	k:						
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