



Texas Tech
Physicians
of EL PASO

We apologize for the inconvenience but we are experiencing problems with our Electronic Medical Records system. To prepare for your visit today we will attempt to gather your information from other sources. Please provide us with as much of the information below as possible for your appointment today.

Thank you!

Patient Name: _____ Patient Date of Birth: _____

Name of doctor/provider you are here to see: _____

Reason for visit: _____

Drug Allergies: _____

Food Allergies: _____

Name and location of the pharmacy you use: _____

Medications you are currently prescribed (please indicate if you need a Refill):

If you have had recent labs drawn please list which lab you went to (i.e. Quest, LabCorp, UMC):

If you have had x-rays or other studies performed please list which facility you went to and dates of the study if known: _____

Chronic or past medical conditions in your Medical History: _____
