

# DeWitz Family Medicine PLLC

*Heartfelt care for the whole family*

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Shenandoah, Texas 77384

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Patient \_\_\_\_\_

## Medical History

What other healthcare providers do you see now or in the past?

Physician	Specialty	Phone or location

What surgeries have you had?

Type of Surgery	Surgeon	Date

Have you been hospitalized?

Reason	Physician	Hospital	Year

Patient, or representative signature \_\_\_\_\_ Date \_\_\_\_\_

