



Please **print** this packet and follow the instructions.

**Office locations and contact information:**

Texas Breast Specialists **McKinney**  
5236 W. University Dr. Suite 1700  
McKinney, TX 75071

Texas Breast Specialists **Plano**  
4708 Alliance Blvd. Suite 750  
Plano, TX 75093

Texas Breast Specialists **Denison**  
5012 S. Highway 75, Suite 170  
Denison, TX 75020

**Phone number (all locations): 972-562-5999**

- Please remember to bring your most recent mammogram/ultrasound films or disk with you to your appointment. **Your appointment could potentially be rescheduled if you arrive without these images.**
- Please bring this completed paperwork with you to your appointment.
- Please complete step 2- the Online Patient Health and History Form making sure to click **SUBMIT** at the bottom of the page.

*We look forward to seeing you at your appointment. Please be sure to call the office with any questions or if we can assist in any way.*

*Thank you.*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

REASON FOR CONSULTATION: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

ALLERGIES: (please list reaction to each medication)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you allow Texas Breast Specialists to obtain your medication history electronically from your pharmacy?

YES NO

PHARMACY:

NAME: \_\_\_\_\_

MEDICATIONS: list all vitamins, supplements and over the counter medications

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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PHONE NUMBER: \_\_\_\_\_

CROSS STREETS: \_\_\_\_\_

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IS THERE ANY OTHER INFORMATION YOU WISH US TO KNOW?

I certify that the information I have provided is correct. I will not hold my doctor or members of his/her staff responsible for any errors or omissions that I have made in the completion of this form.

Patient Signature: \_\_\_\_\_ Todays date \_\_\_\_\_