

Name \_\_\_\_\_

**PALMETTO FAMILY MEDICINE**

109 Barton Creek Court  
803.256.2286 VOICE

Columbia, SC 29229  
803.419.3224 FAX

Date \_\_\_\_\_

**PATIENT HISTORY**

**Drug Allergies**

		Family History							
		Father	Mother	Paternal Grandfather	Paternal Grandmother	Maternal Grandfather	Maternal Grandmother	Siblings	Children
age									
Alzheimers									
Heart Disease									
High Blood Pressure									
Stroke									
Cancer									
Type of Cancer									
Glaucoma									
Diabetes									
Epilepsy/convulsions									
Bleeding Disorder									
Kidney Disease									
Thyroid Disease									
Mental illness									
Osteoporosis									
Other									

**Current Medications**

**Hospitalization or Surgery**

Reason	Date	Reason	Date

Women Only

Pregnant?

Yes

No

Planning Pregnancy?

Yes

No

**Medical History**

Headache	yes	no	Lactose Intolerance	yes	no	Depression	yes	no
Shortness of Breath	yes	no	Gallbladder Disease	yes	no	Gout	yes	no
Heart Palpatations	yes	no	Prostate Disease	yes	no	Scarlet Fever	yes	no
Heart Murmur	yes	no	Bowel Irregularity	yes	no	Chronic Rashes	yes	no
Chest Pain	yes	no	Incontinence	yes	no	Rheumatic Fever	yes	no
Dizziness/Fainting	yes	no	Sexual/Menstrual Dysfunction	yes	no	Mumps	yes	no
Peripheral vascular disease	yes	no	Venereal Disease	yes	no	Measles	yes	no
Allergies/Hay Fever	yes	no	Frequent Infections	yes	no	Rubella	yes	no
Asthma	yes	no	Hepatitis	yes	no	Polio	yes	no
Bronchitis	yes	no	Anemia	yes	no	Diphtheria	yes	no
Pneumonia	yes	no	Arthritis	yes	no	Tetanus	yes	no
Ulcer	yes	no	Osteoporosis	yes	no	Tuberculosis	yes	no
GI Disorder	yes	no	Nervousness	yes	no	Other:	yes	no

**Habits**

Smoke      yes      no      Packs Daily: \_\_\_\_\_  
 How Long: \_\_\_\_\_  
 When Stopped: \_\_\_\_\_

Diet: Salt Intake: \_\_\_\_\_  
 fat intake: \_\_\_\_\_  
 Sleep: Difficutly Falling Asleep: \_\_\_\_\_

Exercise Routine: \_\_\_\_\_

Continuity Disturbances: \_\_\_\_\_

Coffee Cups Daily: \_\_\_\_\_

Snoring: \_\_\_\_\_

Other Caffeine: \_\_\_\_\_

Early Morning Awankening: \_\_\_\_\_

Alcohol: Type/Amount: \_\_\_\_\_

Daytime Drowsiness: \_\_\_\_\_