



A Lexington Medical Center Physician Practice

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PalmettoFamilyMed.com



Lexington Medical Center

New Patient History

Patient Name: _____ Date: _____

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								

Drug Allergies

Current Medications

Women Only	
Are you pregnant?	Yes / No
Are you planning pregnancy?	Yes / No

Hospitalization or Surgery	
Reason	Date

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

Medical History								
Do you smoke?	yes	no	If yes, how many packs daily?		If yes, how long?		When did you stop smoking?	
Salt Intake:					Difficulty Falling Asleep:		Daytime Drowsiness:	
Fat Intake:					Continuity Disturbances:		Coffee Cups Daily:	
Exercise Routine:					Snoring:		Other Caffeine Sources:	
Alcohol Type/Amount:					Early Morning Awakening:			