

NAME _____

DATE _____



Palmetto Family Medicine

DRUG ALLERGIES

CURRENT MEDICATIONS

FAMILY HISTORY

Age	Father	Mother	Paternal Grandfather	Paternal Grandmother	Maternal Grandfather	Maternal Grandmother	Siblings	Children
Alzheimers	?	?	?	?	?	?	?	?
Heart disease	?	?	?	?	?	?	?	?
High blood pressure	?	?	?	?	?	?	?	?
Stroke	?	?	?	?	?	?	?	?
Cancer	?	?	?	?	?	?	?	?
Type of								
Glaucoma	?	?	?	?	?	?	?	?
Diabetes	?	?	?	?	?	?	?	?
Epilepsy/convulsions	?	?	?	?	?	?	?	?
Bleeding disorder	?	?	?	?	?	?	?	?
Kidney disease	?	?	?	?	?	?	?	?
Thyroid disease	?	?	?	?	?	?	?	?
Mental illness	?	?	?	?	?	?	?	?
Osteoporosis	?	?	?	?	?	?	?	?
Other	?	?	?	?	?	?	?	?

HOSPITALIZATION OR SURGERY

Reason	Date	Reason	Date

WOMEN ONLY

Pregnant?

? Yes ? No

Planning Pregnancy?

? Yes ? No

MEDICAL HISTORY

? Headache	? Lactose intolerance	? Depression
? Shortness of breath	? Gallbladder disease	? Gout
? Heart palpitations	? Prostate disease	? Scarlet fever
? Heart murmur	? Bowel irregularity	? Chronic rashes
? Chest pain	? Incontinence	? Rheumatic fever
? Dizziness/fainting	? Sexual/menstrual dysfunction	? Mumps
? Peripheral vascular disease	? Venereal disease	? Measles
? Allergies/hay fever	? Frequent infections	? Rubella
? Asthma	? Hepatitis	? Polio
? Bronchitis	? Anemia	? Diphtheria
? Pneumonia	? Arthritis	? Tetanus
? Ulcer	? Osteoporosis	?
? GI disorder	? Nervousness	?

HABITS

? Smoke: Packs daily _____
 How long _____
 When stopped _____

? Coffee: Cups daily _____
 Other caffeine _____

? Alcohol: Type/amount _____

? Diet: Salt intake _____
 Fat intake _____

? Sleep: Difficulty falling asleep _____
 Continuity disturbances _____
 Snoring _____
 Early morning awakening _____
 Restless legs _____