

Mt. Pleasant Internal Medicine, PA
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MEDICAL HISTORY

Last Name _____ First Name _____ MI _____

DOB ____/____/____ Today's date: _____

Marital Status: Single Married Divorced Widowed Alcohol: Never Occasional Daily

Tobacco: No Yes Occasional Never ____ packs/day Year Stopped ____ Cigars/Smokeless

Have you ever been diagnosed with any of the following medical conditions? (Please circle)

Asthma	Herniated Disc
Blood clots/DVT/Phlebitis	High Cholesterol
Cancer	Hypertension/High Blood Pressure
Diabetes	Kidney Disease
Emphysema/COPD	Migraines
Heart Attack/Disease	Seizures
Heart Failure	Stroke
Hepatitis/Liver Disease	Thyroid Disease

Please list any other medical diagnoses or problems. _____

Please list any surgeries or hospital admissions. _____

Please list current medications including dose and frequency _____

Patient Name: _____ DOB: _____ Today's Date: _____

Please list drug allergies and describe any reaction to this medication:

Please describe the medical history of your immediate family listing any major problems such as heart disease, diabetes, cancer, high blood pressure, stroke, TB, neurological disease, and whether living or deceased.

	L/D	Age	Major Medical Problems
Father			
Mother			
G-mother			
G-father			
Brothers			
Sisters			
Daughter			
Son			

Please circle any symptoms or problems that you are currently experiencing.

- | | | |
|----------------------------|--------------------------|-------------------------------|
| Abdominal/Pelvic Pain | Fatiness/Dizziness | Skin Rashes |
| Abnormal Vaginal Discharge | Fever/Chills | Swelling of the Legs or Feet |
| Abnormal Weight Gain | Frequent Urination | Swollen Glands or Lymph Nodes |
| Anxiety | Frequent Nose Bleeds | Testicular Pain/Mass |
| Blood in Urine | Headaches | Tremor |
| BloQd in Stool | Heart Racing | Trouble Swallowing |
| Black Stools | Heartburn | Trouble Urinating |
| Breast Mass Tenderness | Impotence | Ulcers of the skin |
| Chronic Cough | Memory Problems | Unintentional Weight Loss |
| Chronic Diarrhea | Muscle/Joint Pain | Vertigo |
| Chronic Constipation | Nausea | Vision Problems |
| Chest Pain | Night Sweats | Weakness in General |
| Depression | Numbness in Arms or Legs | Weakness In Arms or Legs |
| Difficulty Hearing | Palpitations | Wheezing |
| Fatigue | Shortness of Breath | |