A Lexington Medical Center Physician Practice

Lexington Medical Center

Patient History

2728 Sunset Boulevard, Suite 104
West Columbia, SC 29169
Phone: (803) 791-2722
Fax: (803) 791-2723

811 West Main Street, Suite 202
Lexington, SC 29072
Phone: (803) 785-4780
Fax: (803) 785-4767

Patient Name: _____ Date: _____ Age: _____

Referring Physician: _____

Reason for Visit: _____

_____

_____

Operations and Dates: _____

_____

_____

_____

MEDICAL PROBLEMS: (Check all)

YES	NO	
☐	☐	High Cholesterol
☐	☐	Hypertension
☐	☐	Glaucoma
☐	☐	COPD
☐	☐	Asthma
☐	☐	Hepatitis
☐	☐	Atrial Fibrillation
☐	☐	Heart Attack
☐	☐	Congestive Heart Failure
☐	☐	Diabetes
☐	☐	Ulcer Disease
☐	☐	Gastroesophageal Reflux Disease (GERD)
☐	☐	Cataracts
☐	☐	Stroke
☐	☐	Arthritis
☐	☐	AIDS/HIV
☐	☐	Cancer Type: _____
☐	☐	Other: _____

IMPAIRMENTS:

YES	NO	
☐	☐	Speech
☐	☐	Hearing
☐	☐	Seeing
☐	☐	Language (Requiring Interpreter)
☐	☐	Wheelchair

FAMILY MEDICAL HISTORY:
(heart disease, cancer, diabetes, etc.)

Father: _____

Mother: _____

Siblings: _____

Other: _____

OTHER SYMPTOMS: (Please check)

GENERAL:

☐ Poor appetite ☐ Night sweats ☐ Weight Loss ☐ Fever ☐ Chills

HEENT:

☐ Bleeding gums ☐ Nose bleeds ☐ Mouth ulcers or lesions
☐ Hoarseness ☐ Blurred Vision ☐ Ringing in Ears

CARDIAC:

☐ Angina ☐ Palpitations ☐ Irregular heartbeat ☐ Pacemaker

PULMONARY:

☐ Coughing ☐ Shortness of breath ☐ Chest pains ☐ Wheezing

BREAST:

☐ Lumps ☐ Nipple Discharge ☐ Pain ☐ Tenderness

GI:

☐ Constipation ☐ Heartburn ☐ Blood in stool ☐ Diarrhea ☐ Nausea
☐ Vomiting ☐ Problems swallowing ☐ Pain with swallowing

GU:

☐ Difficulty urinating ☐ Painful urination ☐ Incontinence
☐ Blood in urine

MUSCULOSKELETAL:

☐ Arthritis ☐ Ankle swelling ☐ Pain with walking ☐ Joint Pain

SKIN:

☐ Rash ☐ Easy bruising ☐ Jaundice ☐ Black or changing moles

NEURO:

☐ Dizziness ☐ Loss of balance ☐ Headache

OTHER:

☐ Prior radiation exposure

SOCIAL HISTORY:

Tobacco (amount): _____
Alcohol (amount): _____

FEMALES:

BREAST:

☐ History of breastfeeding ☐ Age you began menstruating: _____
☐ If menopausal, age of last menstruation: _____
☐ Age of first delivery: _____

Pregnancies: _____ Births: _____ Abortions/Miscarriages: _____

Martial Status: ☐ Single ☐ Married ☐ Divorced ☐ Widowed
Occupation: _____

Reviewed by: _____