

Name: _____

Date: _____

Personal History

Family History

Drug Allergies _____
 Current Medicines _____

Have any relatives had			Type? Who?
Cancer	Y	N	_____
Diabetes	Y	N	_____
Heart Trouble	Y	N	_____
Stroke	Y	N	_____
Blood Disorder	Y	N	_____
Nervous Disorders	Y	N	_____
Epilepsy	Y	N	_____
Muscular Disorders	Y	N	_____
Kidney Trouble	Y	N	_____

Blood Transfusion Y N
 Tobacco _____ packs a day
 Former Smoker Y N Year quit _____
 Alcohol Y N Occasionally Daily
 Current Contraceptive Method _____
 NFP Y N Type _____
 Have you ever used B.C ? Pill? IUD?

Other _____

Surgical History and Hospitalization (not ob)
 What, When, Where

Pregnancy History

Menstrual History

Age at start _____
 Cycle Days (From Start-Start) _____

 Duration of flow _____ days
 Flow: Light Med Heavy
 Pain or Cramps: Y N
 Regular: Y N
 Date of last Period? _____
 Date of last PAP? _____

Year	Abortion Type?	Miscarriage	GEST AGE	Vaginal Delivery or C/S	WT	SEX	COMPLICATIONS

DO YOU HAVE OR HAVE YOU EVER HAD..

German Measles (Rubella)	Y	N
Mumps	Y	N
Chicken Pox	Y	N
Measles	Y	N
Hepatitis Type? _____	Y	N
Pneumonia	Y	N
Tuberculosis	Y	N
Gonorrhea or syphilis	Y	N
HPV virus	Y	N
Herpes oral or genital	Y	N
Rheumatic Fever	Y	N
Heart disease or murmur	Y	N
Autoimmune disease	Y	N
High blood pressure	Y	N
Blood clot leg, lung, or stroke	Y	N
Cancer	Y	N
Stomach pain or problems	Y	N
Liver or gall bladder disease	Y	N
Bleeding disorder	Y	N
Epilepsy	Y	N
History of substance abuse	Y	N
Eye, Ear or nose problem	Y	N

Skin problems	Y	N
Bone fractures	Y	N
Anemia	Y	N
Asthma or lung disease	Y	N
Frequent or severe headaches	Y	N
Diabetes	Y	N
Thyroid disease	Y	N
Night sweats or hot flashes	Y	N
Shortness of breath	Y	N
Swelling of hands or feet	Y	N
Varicose veins	Y	N
Kidney or bladder problem	Y	N
Constipation	Y	N
Irritable colon	Y	N
Urinary incontinence	Y	N
Vaginal infections	Y	N
Uterine or tubal infection	Y	N
Ovarian cyst or tumors	Y	N
Fibroids	Y	N
Irregular or heavy vaginal bleeding	Y	N
Pain or spotting with intercourse	Y	N
Depression	Y	N
Anxiety	Y	N
Other _____		