

ROOM: \_\_\_\_\_ Patient: \_\_\_\_\_ Age: \_\_\_\_\_

WT: \_\_\_\_\_ HT: \_\_\_\_\_ BP: \_\_\_\_\_ / \_\_\_\_\_ PULSE: \_\_\_\_\_ UPT: \_\_\_\_\_ UA: \_\_\_\_\_

**Problems/Reason for visit:**

**Allergies:**

**Medications:**

**Pharmacy:**

Date of last pap: \_\_\_\_\_ HPV vaccine: Yes No Sexually active: Yes No Sexual problems: Yes No  
STIs/STDs: Yes No Age at first child: \_\_\_\_\_ On BCP's at conception: Yes No

**Current birth control method:**

**Desired birth control method:**

Pregnant IUD	Seeking Pregnancy Condoms	Partner Vasectomy Depo-Provera	Menopause Vaginal Ring	Sterilization Hysterectomy	Tubal Ligation Abstinence	BCPs Diaphragm
Implant	Patch	Spermicide	Withdrawal	Ablation	Sponge	Cervical Cap

Most recent mammogram: \_\_\_\_\_ Abnormal Pap: Yes No Flow: Light Moderate Heavy  
Menses monthly: Yes No Age at 1st period: \_\_\_\_\_ Age at menopause: \_\_\_\_\_  
Date of last colonoscopy: \_\_\_\_\_ Date of last period: \_\_\_\_\_ Hormone replacement therapy: Yes No

**Obstetric History:**

Total: \_\_\_ Full term: \_\_\_ Premature: \_\_\_ Abortions induced: \_\_\_ Abortions spontaneous: \_\_\_ Ectopics: \_\_\_ Multiple births: \_\_\_ Living: \_\_\_

**Past Pregnancies:**

1. Fetus Date: \_\_\_\_\_ lbs \_\_\_\_\_ oz Gestational age : \_\_\_\_\_ weeks \_\_\_\_\_ day Labor length hrs: \_\_\_\_\_  
Anesthesia: \_\_\_\_\_ Preterm labor: Yes No Delivery site: Vaginal / C-Section Gender: M / F  
Complications: Yes No

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**Family History:** Breast cancer ovarian cancer uterine cancer colon cancer Diabetes hypertension

**Social History:** Smoker: Yes No Smoking - how much: \_\_\_\_\_ Tobacco-years of use: \_\_\_\_\_

**Surgical History: (Circle all that apply)**

Abdominoplasty	Appendectomy	Bilateral Mastectomy	Breast Biopsy	Breast Implants
Breast Surgery	Caesarean Section	Cholecystectomy	Colonoscopy	Colposcopy
Dilation and Curettage	Ectopic Preg.	Endometrial Ablation	Endometrial Bx	Sigmoidoscopy
Hernia Repair	Hysteroscopy	Laparoscopy	Laparotomy	LEEP
Mastectomy	Myomectomy	Oophorectomy	Orthopedic Sx	Ovarian Cyst
Partial Hysterectomy	Sinus Surgery	Thyroid Surgery	Tonsillectomy	Adenoids
Tonsillectomy	Total Colectomy	Total Hyst	Tubal Ligation	Other

**Implant History:**

**Past Medical History: (Circle all that applies to your past medical history)**

Acid Reflux (GERD) ,Acne, Allergies, Anemia, Anesthesia Complications, Anxiety Disorder, Art (IVF or FET),Arthritis, Asthma,Autoimmune disease, Birth Defects, Blood Transfusion , Breast Cancer , Breast Problem, Cancer, Deep Vein Thrombosis, Depression, Derm Disorders, Diabetes, Eating Disorder, Eczema, Endometriosis, Fibromyalgia, GI Problems, Gestational Diabetes, Headaches, Heart Disease, Heart Problems, Hematologic disorders, Hepatitis/Liver Disease, High Cholesterol, History of STI, Hypertension, Infertility, Kidney Disease, Kidney/Bladder Lung Disease, Neurologic/Epilepsy, Osteoporosis, Ovarian Cancer, Polycystic ovary syndrome, Polyps, Pre-Eclampsia, Psychiatric Illness, Pulmonary, TB,Asthma, Stroke, Thrombophilias Thyroid Problems, Trauma/Violence, Varicosities

Patient Signature: \_\_\_\_\_ Date: \_\_\_\_\_