



HISTORY UPDATE

Name: _____

Date of birth _____ Age: _____

Date: _____

Primary care physician _____ Pharmacy _____

Reason for visit _____

Any change to family medical history _____

Allergies to medication _____

Current medications _____

Do you smoke? _____ If so how much _____

Former smoker? _____ If so when did you quit _____

First day of your last menstrual period? _____

Please list all current medication and dose including birth control and vitamins:

1. _____
2. _____
3. _____
4. _____

Have you had any serious illnesses, operations or hospitalization since your last visit?

Have you discovered any additional information about your family history that we should know? _____

Have you changed any habits (smoking, ringing etc.?) since the last time?

Please briefly describe the reason for your visit today:

Please check any symptoms which you are currently experiencing:

Constitutional:

- Negative
- Fatigue
- Weight loss
- Weight gain
- Fever

Head, Eyes Ears, Nose, Throat:

- Negative
- Headache
- Sore throat
- Decreased hearing
- Vision change
- Glasses/contacts
- Tinnitus
- Ulcers
- Sinusitis
- Other _____

Breast:

- Negative
- Breast lumps
- Breast tenderness
- Mastalgia (painful breast)
- Nipple discharge

Cardiovascular:

- Negative
- Chest pain
- Irregular heartbeat
- Palpitation
- Other _____

Respiratory:

- Negative
- Cough
- Wheezing
- Shortness of breath

Genitourinary

- Negative
- Bloody urine
- Incontinent
- Urgency
- Frequency
- Incomplete emptying
- Abnormal bleeding
- Pain with intercourse

Musculoskeletal

- Negative
- Muscle weakness
- Muscle ache

Skin/Breast

- Negative
- Masses
- Rash
- Ulcer
- Other _____

Psychiatric

- Negative
- Depression
- Anxiety
- Schizophrenia
- Other _____

Hematology/Lymph

- Negative
- Easy bruising
- Bleeding problems
- Adenopathy (Swollen lymph nodes)
- Other _____

Most insurance carriers will cover your Annual Well Woman Exam once per calendar year. Your Well Woman Exams consists of a breast exam, pelvic exam and pap smear. If you're experiencing any issues, and wish to be evaluated, then you are not considered a "well woman" and your visit is no longer considered preventative. Additional services may be billed for any additional issues discussed resulting in patient responsibility, dependent upon your individual benefits.

Signature: _____

Date: _____