

Women's Healthcare Associates of Santa Monica

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Health History:

Last Name: _____ **First Name:** _____ **MI:** _____

Date: _____

DOB: _____ **Age:** _____ **Primary Care**

Physician: _____

Emergency Contact: _____ **Relationship:** _____

Phone#: _____

Past Medical/Surgical History: (i.e. Endometriosis, Ovarian Cyst, Hospitalizations, Surgeries, etc.)

Illness	Year	Illness	Year

Family History: (Please list serious illnesses in your immediate family)

Illness			Illness		
Heart Disease/Heart Attack	Y	N		Y	N
Diabetes	Y	N		Y	N
Cancer	Y	N		Y	N
	Y	N		Y	N

Social History: (If Appropriate)

Do you drink alcohol? Y N If so, how much?
Do you or someone in your household smoke? Y N If so, how much?
Living Arrangements: Husband Children Other
Education Level: HS College Grad School

Please check if you have recently experienced any of the following:

General	Respiratory	GI	Skin/Breast
Trouble sleeping	Cough	Nausea	Rash
Always tired	Shortness of breath	Vomiting/dry heaves	Lesions/moles
Loss of appetite	Breathing discomfort	Heartburn	Recurrent boils
Weight loss	Wheezing	Bloating	Discoloring
Weight gain	Snoring	Constipation	Irregular growth
Recurrent infection	Sleep apnea	Diarrhea	Itching
Excessive thirst		Loose stools	Breast pain
Fever	CVS	Black/bloody stools	Discharge from nipples

Chills	Chest pain	Rectal bleeding	Breast lumps
Night sweats	Palpitations	Abdominal pain	
Hot flashes	Discomfort in chest		Neurological
	Calf/leg pain	GU	Blackouts
HEENT	Ankle swelling	Excessive urination	Headache
Hay fever		Urinary urgency	Dizziness
Sinus pain	Musculoskeletal/ Extremities	Pain with urination	Poor balance
Blurred vision	Swollen joints	Difficulty with urination	Memory loss
Eye pain	Stiffness in muscles	Blood in urine	Tremors
Red eyes	Stiffness in joints	Waking to urinate	Visual disturbances
Watery eyes	Muscle aches	Weak stream	Tingling/numbness
Itchy eyes	Stiff neck	Pelvic pain	Paralysis
Hearing loss	Back pain	Irregular periods	Weakness in hands/ feet
Ear pain	Neck pain	Vaginal yeast infections	
Ear drainage			Psychiatric
Ringling in ears	Lymphatic/Heme	Last Pap:	Anxiety
Runny nose	Swollen glands	Last Period:	Fear
Congested nose	Easy bruising	# of Pregnancies:	Depression
Hoarseness	Free bleeder	# of Live births:	Change in behavior
Swallowing pain			Loss of interest in hobby
Sore throat	Other:	Other:	Difficulty concentrating