Center for Urogynecology & Reconstructive Pelvic Surgery
Manish Gopal MD, MSCE

NEW PATIENT INFORMATION

PAST MEDICAL HISTORY FORM

NAME:________________________ BIRTH DATE:____/____/_____ DATE:____/____/____
ADDRESS:____
CITY____ STATE:________ ZIP:________

REVIEW OF SYSTEMS

PLEASE CHECK (X) IF ANY OF THE FOLLOWING APPLY TO YOU NOW, IN THE PAST OR OFTEN

	CURRENTLY	PAST	NOTES
1. CONSTITUTIONAL			
Weight loss	O	⚐	
Weight gain	O	⚐	
Fever	O	⚐	
Fatigue	O	⚐	
2. EYES			
Double vision	O	O	
Spots before eyes	O	O	
Vision changes	O	O	
3. ENT/MOUTH			
Ear aches	O	O	
Ringing in ears	O	O	
Sinus problems	O	O	
Sore throat	O	O	
Mouth sores	O	O	
Dental problems	O	O	
4. CARDIOVASCULAR			
Painful breathing	O	O	
Chest pain	O	O	
Difficult breathing on	O	O	
exertion	O	O	
Swelling of legs	O	O	
Palpitations of heart	O	O	
5. RESPIRATORY			
Wheezing	O	O	
Spitting up blood	O	O	
Shortness of breath	O	O	
Cough, chronic	O	O	
6. GASTROINTESTINAL			
Diarrhea, frequent	O	O	
Bloody stool	O	O	
Nausea/vomiting	O	O	
Constipation	O	O	
7. GENITOURINARY			
Blood in urine	O	O	
Pain with urination	O	O	
Urgency	O	O	
Frequency of urination	O	O	
Incomplete emptying	O	O	
Stress incontinence	O	O	
Abnormal periods	O	O	
Painful intercourse	O	O	
8. MUSCULOSKELETAL			
Muscle weakness	O	O	

Center for Urogynecology & Reconstructive Pelvic Surgery
Manish Gopal MD, MSCE

NEW PATIENT INFORMATION

9. SKIN/BREAST		
Pain in breast	O	O
Discharge	O	O
Masses	O	O
Rash	O	O
Ulcers	O	O
10. NEUROLOGICAL		
Dizziness	O	O
Seizures	O	O
Numbness	O	O
Trouble walking	O	O
11. PSYCHIATRIC		
Depression	O	O
Crying, frequent	O	O
12. ENDOCRINE		
Dry skin	O	O
Abnormal thirst	O	O
Hot flashes	O	O
13. HEMATOLOGIC/LYMPHATIC		
Bruises, frequent	O	O
Cuts do not stop bleeding	O	O
Enlarged lymph nodes	O	O
14. ALLERGIC/IMMUNOLOGIC		
Allergies	O	O
Drugs, other	O	O

PERSONAL PAST HISTORY

MAJOR ILLNESSES	YES	NO	MAJOR ILLNESSES	YES	NO
Asthma			Cancer		
Pneumonia			Ulcers		
Chronic Lung Disease			Depression/anxiety		
Kidney Infections/stones			Anemia/Blood transfusions		
Tuberculosis			Seizures/convulsions/epilepsy		
Venereal Disease			Bowel trouble		
Heart Trouble/murmur			Glaucoma		
Diabetes			Arthritis/joint pain		
High Blood Pressure			Fracture		
Stroke			Hepatitis/Yellow jaundice		
Rheumatic Fever			Thyroid Disease		

Center for Urogynecology & Reconstructive Pelvic Surgery

Manish Gopal MD, MSCE

NEW PATIENT INFORMATION

OPERATIONS/HOSPITALIZATIONS

Reason	Date	Reason	Date

INJURIES/ILLNESSES

Type	Date	Type	Date

LAST IMMUNIZATION OR TEST

	Date		Date
Tetanus		Pneumonia	
Flu Shot		TB Skin Test	

OB/GYN HISTORY

	Number		Number
Births		Abortions	
Miscarriages		Living children	

CURRENT MEDICATIONS

Drug Name	Dosage	Drug Name	Dosage

FAMILY HISTORY

Illness	Yes	Relative	Illness	Yes	Relative
Diabetes			Drinking Problem		
Stroke			Breast Cancer		
Heart Disease			Colon Cancer		
High Blood Pressure			Ovarian Cancer		

Center for Urogynecology & Reconstructive Pelvic Surgery

Manish Gopal MD, MSCE

NEW PATIENT INFORMATION

SOCIAL HISTORY

Habits				
Smoking	Yes	No	Packs / day______	Years_________
Alcohol	Yes	No	Drinks / day______	Drinks / week_____
Drug Use	Yes	No		
Seat Belt Use	Yes	No		
Regular Exercise	Yes	No		

Personal Profile

Marital Status:
Married ☎ ☽ Single ☎ ☽ Widowed ☎ ☽ Divorced ☎ ☽

Number of Living Children________________

Number of people in household____________

Education Completed: High School ☎ ☽ College ☎ ☽ Graduate Degree ☎ ☽ Other ☎ ☽

Current or most recent job____
____
____
____
____

Signature of patient:____ Date: ___________

Physician Signature:____ Date:________________