



Medical History

Patient Name _____ Date of Birth _____ Date _____

What is the reason for your visit today?	
<input type="checkbox"/>	Well Woman Exam – Pap smear, Breast Exam, STD Screening
<input type="checkbox"/>	I am pregnant _____ Wks LMP: _____
<input type="checkbox"/>	Consult /Concern _____

Do you take any medications? (If yes please list)			None
Name of Medication	Dosage	How Often	Date Started

Do you have any allergies?		None
Name of Allergen	Reaction	Date of 1 st Reaction

Do you have any medical problems?		None
Medical Problem	Date of Diagnosis	Recent Lab Tests

Have you had any surgeries?		None
YEAR	PROCEDURE	HOSPITAL

Have you ever been hospitalized for more than one day?(Please List)		None
YEAR	NAME OF HOSPITAL	REASON



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Date of Birth _____

Date _____

Sexual History

Are you sexually active? Yes No Never | My sex partners are Men Women Both

Number of sex partners this year _____ I have a new sex partner this year Yes No

Do you want to be tested for STD'S Yes No

Menstrual Cycle History

What was the first day of your last menstrual cycle? ___/___/___ Started at age ___ Regular or Irregular

Menopause Yes No | Age menstrual cycle ended _____ Have you had post menopause bleeding? Yes No

Pregnancy List

How many times have you been pregnant? ___ How many live births? ___

How many? Vaginal Births _____ C-Sections _____ Abortions _____ Miscarriages _____ Stillbirths _____

Birth Control History

Have you ever taken birth control? Yes No

If yes, what type of birth control have you used?

Condoms Birth Control Pills Intrauterine Device (IUD) Injection Bilateral Tubal Ligation

Social History

Do you smoke? No, Never Former Smoker Yes, Current Smoker If former or current smoker: ___ packs per day ___ years

Do you drink? No, Never Former Yes ___ drinks per _____ week

Do you do drugs? No, Never Former Yes Name _____ How long _____

Family History (Circle all that apply)

Mother Alive Deceased Unknown Healthy Heart Disease Cancer Diabetes High Blood Pressure

Father Alive Deceased Unknown Healthy Heart Disease Cancer Diabetes High Blood Pressure