PLEASE ANSWER ALL MEDICAL QUESTION.

Patient Name:_____ DOB:_____ AGE:_____ Ht:___'____

Medication Allergies: _____ Current medication:_____

Smoker: Y/N Former:___ Alcohol Consumption: Y/N Social:Y/N how often:____ Hx of Drug use: Y/N

Last menstrual cycle :_____/_____/_____ (if applicable) Last mammogram:_____/_____/____

Last Bone Density test:____/____/_____ (if applicable) Last Colonoscopy:_____/_____/____

last well women exam:____/_____/____ (pap) (if applicable) last colpo or leep:____/_____/_____

how old where when cycles start:_____y/o have you ever been sexually active :Y/N Currently active:Y/N

Current Birth Control Method using :_____Condoms:_Y/N_ Partner Vasec:_____ (if applicable)

Current Medical conditions- check all that apply (if applicable) If **NO** Medical Condition mark: ____ NONE

Hx of abnormal pap :___ Hx of Genital herpes:___ Genital warts:___ Hx of gonorrhea:___

Hx of Chlamydia:___ fibroids:___ High blood pressure:___ High Cholesterol:___ Thyroid Disorder:___

Diabetes:___ Asthma:____ Depression:_____ Anxiety:_____ History of DVT/PE:_____ Heart

Disease:_____ Migraines:_____ Colitis:____ Gastric reflux/Ulcer:____ Irritable Bowel

Syndrome:____ Sleep Apnea:_____ Osteoporosis:_____ Breast Cancer:_____

OTHER Medical problem:_____

All Past Surgies Type of Surgery If **NOT** please mark: NOT Applicable ____

date:_____

date:_____

date:_____

Number all pregnancy including miscarriage:_____ elective terminations:_____ Never been pregnant mark:___

Previous Pregnancy hx Type of delivery complications Hospital/Physician

date:___/___/___ vaginal or C-section _____.

date:___/___/___ vaginal or C-section _____.

date:___/___/___ vaginal or C-section _____.

date:___/___/___ vaginal or C-section _____.

Family history: list family Member Maternal/Paternal age when Diagnosed

If **NOT** Applicable Please Mark here:____

BreastCancer_____

OvarianCancer_____

UterineCancer_____

Colon or Gastric Cancer_____

Blood Clots_____

Other Cancers_____

Heart disease_____

Patient Signature: _____ date:_____