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Name \_\_\_\_\_ DOB \_\_\_\_\_ Marital Status \_\_\_\_\_ Date \_\_\_\_\_

**Menstrual History**

If menopausal, at what age did your periods stop? \_\_\_\_\_  
Number of days between first day of one and first day of next period? \_\_\_\_\_  
Length of period? \_\_\_\_\_ Regular or Irregular \_\_\_\_\_  
Would you call your periods ( ) light ( ) medium ( ) heavy ( ) clots  
When was the first day of your last menstrual period? \_\_\_\_\_ Do you have cramps? \_\_\_\_\_  
Was it a normal period? \_\_\_\_\_ If not, when was the last normal one? \_\_\_\_\_  
Would you like information on a simple, safe procedure performed in our office that can significantly reduce or eliminate your monthly periods/cramps? \_\_\_ Y \_\_\_ N

**Contraception- (If premenopausal)**

What is your current form of birth control?  
Abstinence Birth Control pill Hysterectomy IUD Menopause Tubal  
ligation Vasectomy Nuvaring Patch Depoprovera Rhythm Condoms  
How long have you been using your current form of birth control? (please check one)  
\_\_\_ 2 yrs or less \_\_\_ 3-5 yrs \_\_\_ 6-10 yrs \_\_\_ over 10 yrs  
When are you planning to have another child? (please check one)  
\_\_\_ within 1-2 yrs \_\_\_ within 5-10 yrs \_\_\_ my family is complete

**Review of Symptoms: (Circle current symptoms)**

GENERAL- Fatigue Fever Weight gain Weight loss  
CARDIOVASCULAR- Palpitations Chest pain  
PULMONARY- Cough Shortness of breath  
GASTROINTESTINAL- Bloating Constipation Diarrhea Hemorrhoids Bloody stools  
Nausea  
URINARY- Pain with urination Blood in urine Frequency UTI's Incontinence  
GENITAL- Irregular periods Painful intercourse History of sexual abuse Vaginal discharge  
Vaginal itching  
MUSCULOSKELETAL- Back pain Joint pain  
Breast- Perform self breast exams-Regularly/Irregularly/Never Masses Tenderness Nipple  
discharge  
SKIN- Rash Warts  
NEUROLOGICAL- Dizziness Headache  
BLOOD/LYMPHATIC- Easy bruising Bleeding easily History of blood transfusion Enlarged  
lymph nodes  
ENDOCRINE- Hair loss Temperature intolerance Excessive hair growth  
ALLERGIES- Seasonal allergies  
PSYCHIATRIC- Anxiety Depression PMS Insomnia