

COMPREHENSIVE WOMEN'S HEALTHCARE

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Patient Name:	Today's Date:
Birth Date:	Age:
Primary Care Physician:	Date of Last Period:
	Referred By:

SUBJECTIVE

1. Why are we seeing you today?

2. Are you having a problem would you like evaluated today? (circle) YES NO What?

YOUR MENSTRUAL HISTORY	PREGNANCY HISTORY
Age at first menses: # of days they last:	Have you ever been pregnant (circle one) YES NO
# of days in between: # of heavy days:	How many times: How many children:
How often do you change a tampon or pad on your heaviest days?	Complications:
Age of Menopause:	

YOUR MEDICAL HISTORY	YES	NO	COMMENT	YOUR FAMILY HISTORY	YES	NO
Abuse				Cancer:		
Abnormal PAP Smear				Blood Clots(in veins or lungs):		
Breast Problems				Heart Disease		
Ovarian Cyst				Diabetes		
Chlamydia, Genital Warts, HPV, GC				Stroke		
HIV, Syphilis (Circle which one)				Osteoporosis		
Uterine Fibroids				Mental Illness		
Infertility				Auto Immune Condition		
Endometriosis				Other:		
Vaginal Infection or Pain				LIST ALL SURGERIES	Complications?	YES NO
Urinary Problems						
Sexual Problems						
Painful Periods						
Heavy Periods						
Premenstrual Syndrome						
Menopausal Symptoms/Problems						
Depression and/or Anxiety						
Cancer:						
Auto Immune Condition						
Diabetes						
High BP						
High Cholesterol						
Bone Loss						
Migraines/Nuerological Problems						
Stomach/Intestinal Issues						
Thyroid Problem						
Blood Clot or Stroke						
Other:						

SOCIAL / SEXUAL HISTORY (circle one)

Do you have sex with: Men Women Both	Have you had an HPV vaccine? YES NO
What Method of birth control do you and/or your partner use:	Have you had a flu shot? YES NO
Do you smoke marijuana or use drugs? YES NO	Have you had the Hepatitis B Vaccine? YES NO
Do you have a living will? YES NO	Do you smoke cigarettes? YES NO
	Do you drink alcohol? YES NO

OFFICE USE ONLY

Year 1st seen:	Date of last WWE	/WT	Colonoscopy NL / Abnormal	Date:
Today's BP	HT	WT	BMD	NL / Osteopenia / Osteoporosis Date:
Date of last PAP:	Result:			
Date of last Mammo:	Result:		Pharm #	
Where:				