



PATIENT HEALTH HISTORY

Please fill out the following questionnaire and bring it with you to your appointment. This information is very important to your health. Please take time to fill out this information fully and completely.

Name _____
FIRST M.I. LAST

Address _____

City _____ State _____ Zip _____

Phone Number (H) _____ (C) _____ Email _____

Date of Birth _____ Age _____ Social Security # _____

Gynecologic History

Age of first menstrual period _____ Time between periods _____

Length of each period _____

Any history of abnormal PAP smears? _____

Any gynecologic surgery (e.g. tubal ligation, D&C, hysterectomy)

Year	Procedure
_____	_____
_____	_____
_____	_____

Obstetric History

How many times have you been pregnant? _____

When?

Have you ever had: _____	Normal vaginal delivery	_____
_____	Cesarean section	_____
_____	Miscarriage	_____
_____	Abortion	_____
_____	Ectopic pregnancy	_____
_____	Premature delivery	_____

Past Medical History

Do you have any major medical problems such as: (check all that apply)

- Diabetes Seizures Asthma High Blood Pressure Thyroid Problems Cancer

Other Problems and/or details: _____

Hospitalizations: If you have ever been hospitalized for an operation or serious illness except OB/GYN, please list below

Year	Illness or Operation	Complications (if any)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Medications: Please list all medications and supplements (medical, nutritional, and herbal) with dosage, if known:

Allergies: Please list allergies to any medications:

Family History: Is there anyone in your family who has had

- Breast Cancer Who? _____
- Gynecologic Cancer Who? _____
 - ovarian uterine cervix
- Heart Disease Who? _____
- Diabetes Who? _____
- Other Cancer (e.g. colon) Who? _____

Are you or have you ever been a smoker? _____

Questions: Do you have any particular concerns, special needs, questions, or comments? Please note them below.

The above information is true and correct to the best of my belief.

(SIGNATURE)

(DATE)