

PATIENT INTAKE HISTORY

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Patient Name: Birth Date: Today's Date: Age Today: Social Security No.: This is a: Primary-Care, Gynecology-only, visit, New Patient, Established Patient, Consultation - Referred by: Is there a new problem?: Yes, No (If yes - please describe below)

GYNECOLOGIC HISTORY

Last normal menstrual period: (First day) Age of first menses: Length of periods: Number of days between periods: Any recent changes in periods: Are you currently sexually active: Have you ever had intercourse: Number of sexual partners: (lifetime) Sexual Partners are: Men, Women, Both # Times Pregnant: # Living Children: # Miscarriages: # Terminations Present method of birth control: Abstinence, Birth Control Pills, Condoms, IUD, Nothing, Rhythm Method, Injactable, Implant, Other: If sexually active, is your sexual relationship satisfactory to you: Date of last Pap Test: What was the result: Have you ever had an abnormal Pap test: (If yes, when) Have you ever had: Gonorrhea, Chlamydia, Syphilis, Herpes, Trichomonas, Other: Do you do regular self breast exams: Have you ever felt a breast lump:

CURRENT MEDICATIONS

Drug name: Dosage /Day Prescribed By Drug name: Dosage /Day Prescribed By Drug Name: Dosage /Day Prescribed By Vitamins: Dosage /Day Prescribed By Herbal Medications: Dosage /Day Prescribed By Herbal Medications: Dosage /Day Prescribed By

PAST HISTORY

Medical Illness: Date Surgeries: Date

SOCIAL HISTORY

Ever smoked? or current smoking? Packs per day: # Years Smoked Alcohol: Drinks per day: Drinks per week: Recreational Drug Use Yes, No If Yes, which types Seat Belt Use Yes, No Dairy Products or Calcium Intake Have you ever been sexually abused, threatened, or hurt by anyone? Yes, No

FAMILY HISTORY

Mother: Living, Deceased - cause: Father: Living, Deceased - cause: Siblings (# Living): # Deceased cause: Allergies:

Table with 4 columns: ILLNESS, NO, YES, WHICH RELATIVE(S). Rows include DIABETES, STROKE, HEART DISEASE, BLOOD CLOTS IN LEG/LUNG, HIGH BLOOD PRESSURE, HIGH CHOLESTEROL, OSTEOPOROSIS (Weak Bones), HEPATITIS, HIV/AIDS, BREAST CANCER, OVARIAN CANCER, COLON CANCER, UTERINE CANCER, MENTAL ILLNESS/DEPRESSION.