Medical History

Patient Name ____ **Date of Birth**_________________ **Date**____________________

What is the reason for your visit today?
☐ Well Woman Exam – Pap smear, Breast Exam, STD Screening
☐ I am pregnant ______ Wks LMP: _________________
☐ Consult /Concern ____

Do you take any medications? (If yes please list) None

Name of Medication	Dosage	How Often	Date Started

Do you have any allergies? None

Name of Allergen	Reaction	Date of 1st Reaction

Do you have any medical problems? None

Medical Problem	Date of Diagnosis	Recent Lab Tests

Have you had any surgeries? None

YEAR	PROCEDURE	HOSPITAL

Have you ever been hospitalized for more than one day?(Please List) None

YEAR	NAME OF HOSPITAL	REASON

Medical History

Patient Name **Date of Birth** **Date**

Sexual History	
Are you sexually active? Yes No Never	My sex partners are Men Women Both
Number of sex partners this year I have a new sex partner this year Yes No	
Do you want to be tested for STD'S Yes No	

Menstrual Cycle History	
What was the first day of your last menstrual cycle? ____/____/______ Started at age _____ Regular or Irregular	
Menopause Yes No	Age menstrual cycle ended _________ Have you had post menopause bleeding? Yes No

Pregnancy List
How many times have you been pregnant?_____ How many live births? ______
How many? Vaginal Births _________ C-Sections_________ Abortions ________ Miscarriages ________ Stillbirths ___________

Birth Control History
Have you ever taken birth control? Yes No
If yes, what type of birth control have you used? Condoms Birth Control Pills Intrauterine Device (IUD) Injection Bilateral Tubal Ligation

Social History
Do you smoke? No, Never Former Smoker Yes, Current Smoker If former or current smoker: ___ packs per day ___ years
Do you drink? No, Never Former Yes ____drinks per _________ week
Do you do drugs? No, Never Former Yes Name____________________________________ How long______

Family History (Circle all that apply)
Mother Alive Deceased Unknown Healthy Heart Disease Cancer Diabetes High Blood Pressure
Father Alive Deceased Unknown Healthy Heart Disease Cancer Diabetes High Blood Pressure