

GYNECOLOGICAL INTAKE HISTORY

Name: _____ Age: _____ Date: _____

Reason for Visit: _____

Consultation Request From: _____

PMH: Medications / Doses _____

Allergies (latex, medication) _____

Surgeries / Year _____

Previous Testing (results and year)

Mammogram: _____ EKG: _____ Colonoscopy: _____

Bone Density: _____ Chest X-Ray: _____ Blood Work/Cholesterol: _____

SH: Occupation: _____ Marital Status: _____ Exercise: _____

Smoke/Amt.: _____ Alcohol/Amt.: _____ Recreational Drugs/Amt.: _____

FH: Family History (indicate family member ie: Mother, Father, Brother, Sister) Birth Date: _____

Diabetes _____ Heart Disease _____ High Blood Pressure _____

Osteoporosis _____ Breast Cancer _____ Uterine Cancer _____

Ovarian Cancer _____ Colon Cancer _____ Blood Clots _____

ROS: Your Medical History (circle all that apply) Primary Care Doctor: _____

1. General: (Anemia, Blood Transfusion, Thyroid, Sickle Cell, Clotting Problems, Diabetes, Cancer, Glaucoma)
2. Gynecological: (Problems with Uterus, Cervix, Tubes, Ovaries, Abnormal Pap, Sexually Transmitted Disease)
Last Menstrual Period: _____ Last PAP: _____ Contraception: _____
Total Pregnancies: _____ Live Births: _____ Miscarriages: _____ Terminations: _____ Ectopic: _____
3. ENT/Mouth: (Sinus Problems, Mouth Sores) Complications of Pregnancy _____
4. Cardiovascular: (High Blood Pressure, Blood Clots, Heart Disease, Phlebitis, Elevated Cholesterol, Rheumatic Fever, Arrhythmia)
5. Respiratory: (Asthma, Emphysema, TB, Chronic Cough)
6. Gastrointestinal: (Frequent Diarrhea, Blood in Stool, Nausea/Vomiting, Constipation, Hiatal Hernia, Hepatitis, Gall Bladder Disease, Colitis, Ulcers, Polyps, Diverticulosis)
7. Genitourinary: (Kidney Disease, Blood in Urine, Pain with Urination, Urgency, Frequency of Urination, Incomplete Emptying, Incontinence, Stones, Frequent Infections)
8. Musculoskeletal: (Fracture, Osteoporosis, Arthritis, Fibromyalgia)
9. Skin/Breasts: (Discharge from Breasts, Lumps, Skin Rashes)
10. Neurological: (Psychiatric Illness, Seizures, Headaches, Stroke)
11. Other/Explanations: _____