GYN-UROGYN History

Number of pregnancies _____

Number of deliveries _____

Infertility Yes No Treatments? _____

Contraception method _____

If on Birth Control pills, what type? _____

Menses onset _____ Cycles _____Regular/Irregular

Menopause onset _____ HRT? _____

Last Mammogram_____ Last PAP _____Normal/ Abnormal

Vaginal infections or STDs? _____

Endometriosis? _____ Interstitial Cystitis _____

Please list all GYN/Urinary surgeries that you have had:

_____

_____

_____

Psychological/Social History

Do you have any psychological conditions?_____

If yes, what treatments or meds do you use? _____

Recreational drug use: _____alcohol _____ marijuana _____ cocaine

_____ smoking Other: _____

Occupation: _____

Surgical History

List all previous surgeries and the year performed:

_____

_____

_____

_____

Medical History

Vascular disease _____ History of Stroke/TIAs_____

High Cholesterol_____ Diabetes_____ Insulin/ non-Insulin

Hypertension _____ Heart/Coronary Artery Disease _____

Neurological disorders (spinal cord injury, lumbar disc, MS, seizures) _____

Cancer _____ Chemo/Radiation_____

Other medical disorders:

_____

_____

_____

Medications

List all medications, dosage, and reason for taking. Include supplements and vitamins.

_____

_____

_____

_____

_____

Allergies

List all allergies and reaction.

_____

_____

_____

Family History (list relationship)

Cancer, what type

_____

_____

Hypertension _____

Vascular Disease _____

High Cholesterol _____

Diabetes _____

Heart/Coronary artery disease _____

Neurological Disorders _____

Other _____

Do you have any of these? (Circle)

Chest pain	Constipation/Diarrhea	Urine incontinence
Shortness of breath	Stool incontinence	Kidney stones
Palpitations	Painful bowel movements	Painful urination
Pneumonia	Thyroid disorders	Blood in urine
Facial hair	Dizziness	Leg swelling
Acne	Nausea	Weakness/Numbness
Hair loss	Ringing in ears	Joint stiffness/swelling
Bloody stools	Blurry vision	Nose bleeds

_____	_____	_____	_____
Physician Initials	Date	Patient Initials	Date