



MEDICAL & SURGICAL HISTORY

Name _____ Age _____ Birthdate _____ Today's Date _____

Marital Status: M S D W O Last Annual Exam w/Pap _____ LMP _____

WHAT METHOD OF BIRTH CONTROL ARE YOU CURRENTLY USING? _____

NUMBER TIMES PREGNANT _____ BIRTHS AFTER 37 WEEKS _____ BIRTHS BEFORE 37 WEEKS _____

NUMBER PREGNANCY LOSSES (miscarriages, abortions, tubal preg.) _____ NUMBER LIVING CHILDREN _____

NUMBER CESAREAN DELIVERIES _____ COMPLICATIONS IN PREGNANCY _____

Rx AND HERBAL MEDICATIONS YOU ARE TAKING _____

MEDICAL/SURGICAL HISTORY INFORMATION **YES NO HAD COMMENTS**

MEDICAL ALLERGIES				
OPERATIONS AND DATES				
SERIOUS INJURIES				
MAJOR MEDICAL/CHRONIC PROBLEMS OR OTHER HOSPITALIZATIONS				
FAMILY/SELF HISTORY:				
HEART DISEASE				
HIGH BLOOD PRESSURE				
DIABETES				
HIGH CHOLESTEROL				
KIDNEY DISEASE				
THYROID DISEASE				
BLOOD CLOTS IN LEGS/LUNGS				
CANCER:				
BREAST				
OVARIAN/UTERINE/CERVICAL				
SKIN				
COLON				
OTHER:				
SOCIAL HISTORY:				
DO YOU SMOKE: CIGARETTES				
OTHER				
FREQUENCY/AMOUNT				
DO YOU DRINK ALCOHOLIC BEVERAGES				
FREQUENCY/TYPE				
DO YOU USE ILLICIT DRUGS				
FREQUENCY/TYPE				
MENSTRUAL HISTORY:				
AGE WHEN PERIODS STARTED				
ARE YOUR CYLCES REGULAR				
HOW LONG DO YOUR PERIODS LAST				
HOW MANY DAYS BETWEEN PERIODS				
ARE HEAVY PERIODS A PROBLEM				
ARE PAINFUL PERIODS A PROBLEM				
IS SPOTTING BETWEEN PERIODS A PROBLEM				
AGE WHEN PERIODS STOPPED (MENOPAUSE)				
TESTS:				
ABNORMAL PAP SMEAR/WHEN/TREATMENT				
MAMMOGRAM WHEN & RESULTS				
ARE YOU CURRENT ON IMMUNIZATIONS				

SEXUAL HISTORY:				
ARE YOU CURRENTLY SEXUALLY ACTIVE				
AGE WHEN BECAME SEXUALLY ACTIVE				
HOW MANY SEXUAL PARTNERS HAVE YOU HAD IN THE PAST 3 YEARS & LIFE TIME				
WHAT IS YOUR SEXUAL PREFERENCE	X	X	X	M F BOTH
	YES	NO	HAD	COMMENTS
SEXUAL HISTORY CONTINUED				
PAIN WITH INTERCOURSE				
VAGINAL INFECTION				
PELVIC INFECTION				
GENITAL HERPES				
GENITAL WARTS				
SYPHILIS				
CHLAMYDIA				
GONORRHEA				
SEXUALLY OR PHYSICALLY ABUSED				
HEART & LUNGS:				
CHEST PAIN/HEART ATTACK				
MITRALVALVE PROLPASE				
HEART CONDITION SINCE BIRTH				
PALPITATIONS				
BLEEDING PROBLEMS/TRANSFUSION				
ANEMIA				
RHEUMATIC FEVER				
SEVERE SHORTNESS OF BREATH AT REST				
PERSISTENT COUGH				
PNEUMONIA				
RECURRENT OR CHRONIC BRONCHITIS				
OTHER				
HEAD:				
PASS OUT FREQUENTLY				
SEIZURES/CONVULSIONS				
SEVERE HEADACHES UNRELIEVED BY MEDS				
DEPRESSION				
ANXIETY				
OTHER NERVOUS SYSTEM CONDITIONS				
WEAR GLASSES/CONTACTS				
FREQUENT OR PERSISTENT INSOMNIA				
FREQUENT COLDS/EAR INFECTIONS				
PARTIAL/COMPLETE DENTURES				
NECK/CHEST:				
SWOLLEN LYMPH GLANDS				
BREAST LUMP OR MASS				
GI:				
INDIGESTION/HEARTBURN				
ULCER				
UPPER ABDOMINAL PAIN				
MUCH NAUSEA/VOMITING				

SIGNIFICANT BOWEL CHANGE				
MUCH CONSTIPATION OR DIARRHEA				
HEMORRHOIDS				
BLOOD IN STOOLS				
LIVER DISEASE/HEPATITIS				
OTHER				
GU:				
FREQUENT BLADDER/KIDNEY INFECTIONS				
BLOOD/BURNING/URGENCY/FREQUENCY WITH URINATION				
INVOLUNTARY LOSS OF URINE				
BONES/MUSCLE:				
BROKEN/FRACTURED BONES				
MUSCLE/BACK PAINS				
JOINT PAINS				
OTHER				

Date & Initials Review by provider _____ Revised 5/09