PATIENT HISTORY FORM

NAME:_____ DOB:_____

PAST MEDICAL HISTORY (if you have EVER had any of these conditions please indicate with an X)

OB HISTORY:	**DATE**
__GESTATIONAL DIABETES	_____
__ECTOPIC/TUBAL PREGANCY	_____
__PREG INDUCED HYPERTENSION	_____
__PREMATURE DELIVERY	_____
__OTHER (LIST BELOW)	
_____	_____
_____	_____

GYN HISTORY:	
__ABNORMAL PAP	_____
__ENDOMETRIOSIS	_____
__FIBROID TUMORS	_____
__GENITAL WARTS	_____
__HERPES	_____
__HPV	_____
__INFERTILITY	_____
__LICHEN SCLEROSIS	_____
__PELVIC ADHESIONS	_____
__PID	_____
__POLYCYSTIC OVARIES	_____
__PREMATURE MENOPAUSE	_____
__UTERINE PROLAPSE	_____
__VAGINAL POLYP	_____
__OTHER	_____
_____	_____
_____	_____

CARDIOVASCULAR HISTORY:	**DATE**
__BLOOD CLOT (DVT OR EMBOLI)	_____
__CONGESTIVE HEART FAILURE	_____
__HEART DISEASE	_____
__HIGH CHOLESTEROL	_____
__HYPERTENSION	_____
__MITRAL VALVE PROLAPSE	_____
__STROKE	_____
__TIA	_____
__OTHER	_____
_____	_____
_____	_____

CONGENITAL HISTORY:	
__BIRTH/GENETIC DEFECT (PLEASE LIST)	
_____	_____

DIGESTIVE HISTORY:	
__CROHN'S DISEASE	_____
__IRRITABLE BOWEL SYNDROME	_____
__PEPTIC ULCER	_____

ENDOCRINE/METABOLIC HISTORY:	
__ANOREXIA	_____
__CHRONIC FATIGUE SYNDROME	_____
__DIABETES TYPE 1/TYPE 2 (CIRCLE ONE)	_____
__GRAVES DISEASE	_____
__HYPOTHYROID	_____
__OBESITY	_____
__HYPERTHYROID	_____

RESPIRATORY HISTORY:

__APNEA	_____
__ASTHMA	_____
__COPD	_____
__EMPHYSEMA	_____
__OTHER RESPIRATORY CONDITIONS	
_____	_____

BREAST HISTORY: **DATE**

__BREAST LUMP _____

__FIBROCYSTIC BREAST _____

__OTHER_____ _____

MUSCULOSKELETAL HISTORY:

__ARTHRITIS _____

__FIBROMYALGIA _____

__OSTEOPENIA _____

__OSTEOPOROSIS _____

CANCER HISTORY:

__BREAST CANCER _____

__CERVICAL CANCER _____

__UTERINE CANCER _____

__OTHER (PLEASE LIST)

_____ _____

NEUROLOGIC HISTORY:

__EPILEPSY _____

__MIGRAINE _____

PSYCHIATRIC HISTORY:

__ANXIETY DISORDER _____

__ADD _____

__BIPOLAR DISORDER _____

__DEPRESSION _____

__PANIC DISORDER _____

__OCD _____

PREGNANCY HISTORY:

NUMBER OF PREGNANCIES _____

NUMBER OF MISCARRIAGES _____

NUMBER OF ABORTIONS _____

AGE WHEN PERIODS STARTED _____

AGE OF MENOPAUSE _____

SOCIAL HISTORY:

ALCOHOL USE: ___CURRENT___FORMER___NEVER

CAFFEINE USE:___CURRENT___FORMER___NEVER

SMOKING:___CURRENT___FORMER___NEVER

ILLEGAL DRUG:___CURRENT___FORMER___NEVER

HEMATOLOGIC (BLOOD HISTORY): **DATE**

__ANEMIA _____

__CLOTTING DISORDER _____

__SICKLE CELL DISEASE _____

__SICKLE CELL TRAIT _____

__OTHER

_____ _____

SKIN CONDITIONS HISTORY:

__ECZEMA _____

__PSORIASIS _____

__OTHER

_____ _____

UROLOGY HISTORY:

__KIDNEY STONES _____

__RENAL FAILURE _____

INFECTION HISTORY:

__HEPATITIS _____

__HIV _____

__MRSA _____

WHAT IS YOUR LEVEL OF EDUCATION:

_____

EMPLOYMENT STATUS: CIRCLE

EMPLOYED UMEMPLOYED STUDENT RETIRED HOMEMAKER

IN THE PAST YEAR HAVE YOU:

HAD MULTIPLE SEX PARTNERS YES OR NO

HAD A NEW SEX PARTNER YES OR NO

DO YOU IDENTIFY YOURSELF AS: CIRCLE

HETEROSEXUAL LESBIAN

BISEXUAL OTHER_____

CIRCLE ONE: **SINGLE MARRIED DIVORCED SEPARATED WIDOWED**

HAVE YOU EVER HAD A STD? YES OR NO

DO YOU WEAR YOUR SEAT BELT? YES OR NO

DO YOU EXERCISE REGULARLY? YES OR NO

DO YOU LIVE ALONE? YES OR NO

MEDICATIONS: (PLEASE LIST ALL CURRENT MEDICATIONS AND DOSE)

_____

_____

_____

_____

_____

_____

ALLERGIES - MEDICATION/FOOD/ENVIRONMENTAL

_____

FAMILY HISTORY: PLEASE MARK (**X**) AND INDICATE WHICH FAMILY MEMBER

MOTHER = ***M*** FATHER = ***F*** SISTER = ***S*** BROTHER = ***B*** AUNT = ***A*** UNCLE = ***U***

MATERNAL GRANDMOTHER = ***MGM*** PATERNAL GRANDMOTHER = ***PGM***

MATERNAL GRANDFATHER = ***MGF*** PATERNAL GRANDFATHER = ***PGF***

_____BREAST CANCER_____

_____UTERINE CANCER_____

_____OVARIAN CANCER_____

_____COLON CANCER_____

_____ENDOMETRIOSIS_____

_____HEART DISEASE_____

_____HIGH CHOLESTEROL_____

_____HIGH BLOOD PRESSURE_____

_____LUNG CANCER_____

_____PULMONARY EMBOLI_____

_____DIABETES TYPE I_____

_____DIABETES TYPE II_____

_____HYPOTHYROID_____

_____OBESITY_____

_____OTHER (PLEASE LIST)_____

PAST SURGICAL HISTORY: *(PLEASE LIST SURGERIES AND APPROXIMATE DATES)*

_____

_____

_____

_____

_____

_____