Medical History

Gynecologic History		Past Medical History	
Name	Date	Name	Date
_ Abnormal Pap Smear	______________	_ Anemia	______________
_ Abnormal Uterine Bleeding	______________	_ Arthritis	______________
_ Amenorrhea	______________	_ Asthma	______________
_ Bartholin's Gland Cyst	______________	_ Breast Cancer, Female	______________
_ Chlamydia	______________	_ Breast Cyst, Benign	______________
_ Condyloma Acuminatum	______________	_ Chickenpox	______________
_ Cystocele	______________	_ Coagulation Defect	______________
_ DES Exposure	______________	_ Colon Cancer, Personal History	______________
_ Dysmenorrhea	______________	_ Congestive Heart Failure	______________
_ Dyspareunia	______________	_ Coronary Artery Disease	______________
_ Dysplasia of Cervix	______________	_ Crohn's Disease	______________
_ Dysplasia of Vagina	______________	_ Deep Vein Thrombosis	______________
_ Endometrial Cystic Hyperplasia	______________	_ Diabetes Mellitus, Type I	______________
_ Endometriosis	______________	_ Diabetes Mellitus, Type II	______________
_Fibroids, Uterine	______________	_ Diverticulosis of Colon	______________
_Herpes Simplex, Genital	______________	_ Emphysema	______________
_ Human Papilloma Virus Infection(HPV)	______________	_ Epilepsy	______________
_ Incontinence of Urine	______________	_ Esophageal Reflux	______________
_ Infertility, Female	______________	_ Fibrocystic Changes of the Breast	______________
_ Irregular Mensus	______________	_ Gallbladder Disorder	______________
_ Ovarian Cancer, Personal History	______________	_ Gastric Ulcer	______________
_ Ovarian Cyst	______________	_ Glaucoma	______________
_ Pelvic Inflammatory Disease	______________	_ Headache	______________
_ Pelvic Mass	______________	_ Heart Valve Replacement	______________
_ Pelvic Pain	______________	_ Hematuria	______________
_ Polycystic Ovaries	______________	_ Hepatitis	______________
_ Postcoital Bleeding	______________	_ Human Immunodeficiency Virus (HIV)	______________
_ Postmenopausal Bleeding	______________	_ Hypercholesterolemia	______________
_ Premenstral Tension Syndrome	______________	_ Hypercoagulation Syndrome	______________
_ Rectocele	______________	_ Hypertension, Essential	______________
_ Sexual Dysfunction	______________	_ Irritable Bowel Syndrome	______________
_ Syphilis	______________	_ Kidney Calculus	______________
_ Urinary Tract Infection	______________	_ Liver Disease	______________
_ Uterine Prolapse	______________	_ Melanoma	______________
_ Vaginal Wall Prolapse	______________	_ Osteoporosis	______________
_ Vevereal Disease	______________	_ Previous Blood Transfusion	______________
_ Vulvovaginitis	______________	_ Psychiatric Problems	______________
_ Other ______________________________		_ Sickel Cell Anemia	______________
______________________________		_ Stroke	______________
______________________________		_ Thyroid Disorder	______________
______________________________		_ Ulcerative Colitis	______________
______________________________		_ Urinary Tract Infection	______________
______________________________		_ Other ______________________________	
		______________________________	
		______________________________	
		______________________________	
		______________________________	

Past Surgical History	Family Medical History
Gynecological Surgery — Date	Disease Name — Relative/Age
_ Abdominal Hysterectomy ______________	_ Breast Cancer ______________
_ Anterior Vaginal Repair ______________	_ Cerebrovascular Disease ______________
_ Burch Procedure ______________	_ Cervical Cancer ______________
_ Cesarean Section ______________	_ Colon Cancer ______________
_ Conization ______________	_ Colon Polyps ______________
_ Cryosurgery ______________	_ Coronary Artery Disease ______________
_ Dilation and Curettage ______________	_ Diabetes Hypercholesterolemia ______________
_ Ectopic Pregnancy Removal ______________	_ Hypercoagulation Syndrome ______________
_ Essure ______________	_ Hypertension, Essential ______________
_ Hysteroscopy ______________	_ Osteoporosis ______________
_ Laparoscopic Assisted Hysterectomy ______________	_ Ovarian Cancer, Family History ______________
_ Laparoscopic Tubal Ligation ______________	_ Tuberculosis ______________
_ Laparoscopy ______________	_ Uterine Cancer ______________
_ Leep ______________	_ Other ________________________________
_ Myomectomy ______________	
_ Oophorectomy ______________	
_ Ovarian Cystectomy ______________	
_ Paravaginal Repair ______________	
_ Posterior Repair ______________	
_ Salpingoctomy ______________	
_ Salpingo-oophorectomy ______________	
_ Sling Procedure ______________	
_ Tubal Ligation ______________	
_ TVT Sling ______________	
_ Vaginal Delivery ______________	
_ Vaginal Hysterectomy ______________	
_ Other ________________________________	

Common Surgery	Genetic History
Name — Date	Name — Date
_ Appendectomy ______________	_ Anomaly, Congenital ______________
_ Back Surgery ______________	_ Cardiac Anomaly, Congenital ______________
_ Breast Implants ______________	_ Cystic Fibrosis ______________
_ Breast Reduction ______________	_ Down Syndrome ______________
_ CABG ______________	_ Fragile X Syndrome ______________
_ Cholecystectomy ______________	_ Hemophilia ______________
_ Cystoscopy ______________	_ Kidney Anomalies ______________
_ Hernia Repair ______________	_ Kidney Disease, Cystic ______________
_ Hip Surgery ______________	_ Marfan Syndrome ______________
_ Knee Surgery ______________	_ Mental Retardation, Family History ______________
_ Lumpectomy (Breast) ______________	_ Neural Tube Defect ______________
_ Mastectomy ______________	_ Polycystic Kidney, Autosomal Dominant______________
_ Thyroidectomy ______________	_ Sickle Cell Anemia ______________
_ Other ________________________________	_ Spina Bifida ______________
	_ Tay-Sachs Disease ______________
	_ Thalassemia ______________
	_ Turner’s Syndrome ______________
	_ Uterus Anomaly, Congenital ______________
	_ Ventricular Septal Defect ______________
	_ Other ________________________________

Pregnancy History	Menstrual History
_ Total Number of Pregnancies ______________	_ Age Menarche ______________
_ Full Term Pregnancies ______________	_ Interval ______________
_ Premature Pregnancies ______________	_ Duration ______________
_ Number of Miscarriages/Abortions ______________	_ Last Menstrual Period ______________
_ Living Children ______________	_ Menopause Status ______________
	_ (if menopause) Age ______________
	_ Birth Control Method

Social History		Allergy List
Finding	Amount Used	
_ Alcohol	______________	______________________________
_ Amphetamines	______________	______________________________
_ Caffeine	______________	______________________________
_ Cocaine	______________	______________________________
_ Depressants	______________	______________________________
_ Ecstasy	______________	______________________________
_ Hallucinogens	______________	______________________________
_ Inhalants	______________	______________________________
_ IV Drug Abuse	______________	______________________________
_ Marijuana	______________	______________________________
_ Narcotics	______________	______________________________
_ Stimulants	______________	______________________________
_ Tobacco	______________	______________________________
_ Other Substance Use	______________	______________________________

Medication History

Current Medication	Indication	Dosage	Prescribing Doctor