

code: OB001



Sunny Hills Medical Center
Urgent Care . Primary Care
Behavioral Health

GYNECOLOGY HEALTH HISTORY

Date

First Name

Middle Initial

Last Name

How old are you?

How many times have you been pregnant?

How many abortions or miscarriages?

How many BIRTHS?

How many LIVING children?

How old is the YOUNGEST?

At what age did you start having periods?

Are you regular with your menstrual cycle?

- Yes
 No

How many days do you flow?

Do you spot between periods?

- Yes
 No

Are your periods heavier than usual?

- Yes
 No

Are they more frequent than usual?

- Yes
 No

Are they less frequent than usual?

- Yes
 No

Do you have pain with your periods?

- None
 Some
 A lot

Date of onset of your last period?

Date of onset of the period before that?

When did you have your last pap (cancer) smear?

Was it normal?

- Yes
 No

Do you use anything for birth control now?

- Yes
 No

What do you use now?

What have you used in the past?

Are you?

- Married Single Separated Divorced Widowed

Regarding Urination (Passing your urine):

Do you have pain while urinating?

- Yes
 No

Do you lose urine on coughing or sneezing?

- Yes
 No

Do you urinate too frequently?

- Yes
 No

What medications do you take at this time?

Do you have unusual vaginal discharge?

- Yes
 No

Does the discharge?

- Have an odor
 Itch
 Burn

Is intercourse painful?

- Yes
 No

Do you have any questions regarding venereal disease?

- Yes
 No

Do you have any questions/problems regarding sex?

- Yes
 No

Where were you born?

Where did you grow up?

Have you ever been seriously ill? (not involving surgery)

- Yes
 No

If yes, what condition?

Have you ever had...**Diabetes**

- Yes
 No

Heart Disease

- Yes
 No

High Blood Pressure

- Yes
 No

Nervous Disorder

- Yes
 No

Cancer

- Yes
 No

Thyroid Problem

- Yes
 No

Jaundice

- Yes
 No

Breast Problem

- Yes
 No

Have you ever had surgery?

- Yes
- No

If yes, what type?

Are you allergic to anything?

- Yes
- No

If yes, what?

Any other specific drug or medication?

What is your height?

What is your present weight?

Normal weight?

What is your main purpose for coming today?
