

WOMEN'S HEALTH ASSOCIATES, PC

Name _____ **Age** _____ **Today's Date** _____

1. For what reason or problems are you being seen today?
 Annual
 Any Gynecological complaints? (please explain)

2. Drug Allergies: Yes (list below) No

3. List **ALL** medications including hormone, vitamins, and
 Supplements you are taking: _____

4. When was your last menstrual period? _____
5. How far apart are your periods? _____
6. How many days does your period last? _____
7. Is the flow: light moderate heavy clots
8. Has the flow changed in any way? Yes No
9. Are your cramps: mild moderate severe none
10. What do you take for the cramps? _____
11. Are you currently in a sexual relationship? Yes No
 Partner: Male Female.
 Have you had 5 or more partners in your lifetime? _____
12. What method of contraception are you using? None Foam
 Diaphragm IUD Tubal Ligation Vasectomy Condoms
 Lunella Injection DepoProvera Withdrawl Other
 Pills (what brand?) _____
13. If you are taking birth control pills, are you experiencing:
 Headache flashing lights leg pain visual difficulties
 Chest pain coughing up blood
14. What are you doing to protect yourself from sexually transmitted
 diseases? Condom Abstinence Nothing
15. Would you like to be tested for sexually transmitted diseases?
 Yes No
16. Are there any sexual problems that you would like to discuss today?
 Yes No
17. Is there anything about spousal or sexual abuse that you would like to
 discuss today? Yes No
18. If over 40 when was your last mammogram. _____
19. If over 40, you last colon cancer screening. _____
20. If over 50, you're last osteoporosis screening. _____
21. Do you perform self-breast exams? Yes No
22. Do you lose urine when you cough or sneeze? Yes No
23. Do you smoke? No Yes. Number per day _____
24. Do you drink alcohol? No Yes. Number per week _____
25. Has anyone in your family had breast, ovarian, or
 Colon cancer? What was the relationship? _____

26. What other medical problems or surgical procedures have you had since
 your last visit? _____
