

PHYSICIANS FOR WOMEN - NEW PATIENT HISTORY

NAME _____ DATE _____

HOW DID YOU HEAR ABOUT US? DOCTOR AD WEB PATIENT OTHER _____

• **REASON FOR VISIT** _____

ALLERGIES (drugs, food, materials) _____

CURRENT MEDICATIONS: _____

LAST PAP SMEAR _____ **NORMAL or ABNORMAL** _____

FOLLOWUP ON ANY ABNORMAL PAPS _____

• **CONSTITUTIONAL:** no problems weight loss weight gain fever fatigue
 change in height

• **GASTROINTESTINAL:** no problems diarrhea constipation bloody stool pain
 nausea/vomiting indigestion involuntary loss of gas or stool

• **GENITOURINARY:** Age of menses _____, frequency of periods _____ Birth control method _____
 frequent urination blood in urine pain with urination urgency
 incontinence abnormal or painful periods painful intercourse
 abnormal bleeding from vagina abnormal vaginal discharge PMS
 DES exposure infertility
Sexual orientation heterosexual homosexual bisexual

• **BREAST:** no problems pain in breast nipple discharge lumps
LAST MAMMOGRAM _____

• **CARDIOVASCULAR:** no problems painful breathing chest pain or pressure
 diff. breathing on exertion swelling of legs rapid or irregular heartbeat

• **ENDOCRINE:** no problems hot flashes hair loss abnormal thirst heat/cold intolerance

• **PAST MEDICAL/SURICAL HISTORY:**

Surgeries _____

Medical Conditions _____

Injuries _____

Immunizations _____

• **FAMILY HISTORY:** Mother living deceased - cause: _____ age _____

Father living deceased - cause: _____ age _____

Siblings: No. living _____ No. deceased _____ causes/ages _____

Cancer in Family _____

PAST OB HISTORY: Pregnancies _____ Deliveries _____,

Vaginal or c/section _____ miscarriages and/or abortions _____

Number living _____ Number deceased _____

Causes/ages _____

• **SOCIAL HISTORY:** Tobacco use _____ alcohol/drug use _____ seat belt _____

Diet _____ exercise _____

Vitamins/Herbs _____ caffeine _____