

Date of Birth: _____

Women's Health Associates

DATE: _____

Marital Status: **M S W D****HEALTH HISTORY FORM**

NAME _____

Reason for Visit: _____

PLEASE LIST

ALLERGIES	CURRENT MEDICATIONS	PRIOR SURGERY

SCREENING TESTS

TEST	DATE/YEAR	NORMAL	ABNORMAL	HAVE YOU EVER HAD THE FOLLOWING	HAVE YOU EVER HAD THE FOLLOWING
PAP SMEAR				<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Seizures
MAMMOGRAM				<input type="checkbox"/> Heart Disease	<input type="checkbox"/> Hepatitis/Jaundice
BONE SCAN				<input type="checkbox"/> TB	<input type="checkbox"/> Blood Clots
COLON CANCER				<input type="checkbox"/> Diabetes	<input type="checkbox"/> STD's
CHOLESTEROL CHECK				<input type="checkbox"/> Asthma	<input type="checkbox"/> Any other serious injury /illness

PERSONAL HISTORY

Do you eat a well-balanced diet?		Do you smoke?	
Do you drink alcohol?		Do you exercise?	
Have you ever been treated for alcoholism?		Do you feel rested after you sleep?	
Do you have a history of drug abuse?		Have you recently experienced domestic violence?	
Have you ever been treated for drug abuse?		Have you felt threatened?	

MENSTRUAL HISTORY

Age first period began?		Date last period began?	
Cycle Length (ex. 28 days)		Irregular periods?	
Number of days of flow?		Bleeding between periods?	
Age at first term pregnancy?		Heavy flow/clots/cramps?	

PREGNANCY HISTORY

Year of Delivery	Full Term	Premature	Stillborn	Miscarriage	Abortion	C-SECTION	VAGINAL DELIVERY	VBAC	COMPLICATIONS - high blood pressure, Tubal pregnancy, Gestational Diabetes, etc.	MALE	FEMALE	WEIGHT OF BABY

FAMILY HISTORY

FAMILY MEMBER	ILLNESS OR MEDICAL CONDITION	AGE AT DEATH	CAUSE OF DEATH
MOTHER			
FATHER			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

WHO IN YOUR FAMILY (LIVING OR DECEASED) HAS OR HAD THE FOLLOWING:

Breast Cancer	TB	Mental Illness
Colon Cancer	Birth Defects	Epilepsy
Ovarian Cancer	Sickle Cell Anemia	Heart Disease
Uterine Cancer	Other	High Blood Pressure
Other Female Cancer		Diabetes

