

Desert Mountain OBGYN

Pt's Name _____ Date of Birth _____ Age _____ Today's Date _____

With whom may we discuss test results or therapies? _____

1. GYNECOLOGICAL HISTORY: Any gynecological problems since your last examination? Yes; No (If yes, please explain)

-First day of last period _____ - Date of last Mammogram _____
- Duration of flow _____ - Date of last Pap Smear _____
- Time between periods _____ - Are you sexually active? _____
- Date of last Bone Density Scan _____ - Do you use contraception? Yes; No (If yes, type?) _____

2. MEDICAL HISTORY: Any medical problems since your last examination? Yes; No (If yes, please explain)

- List current Medications
(include vitamin and herbal supplements) _____

- List any Allergies to Medication _____

- Any Surgeries/Hospitalizations since your last examination? (If yes, please explain): _____

3. FAMILY HISTORY: Any changes to your family history since your last examination? Yes; No (If yes, please explain)
(For example, breast cancer, ovarian cancer, uterine cancer and/or colon cancer?)

4. SOCIAL HISTORY: Any changes to your social history since your last examination? Yes; No

- Do you exercise regularly? Yes; No Current Occupation: _____

- Marital status? Single Married Separated Divorced Widow Other

- Do you smoke cigarettes? Yes; No If yes, at what age did you start? _____ Packs per day? _____

- Do you drink alcohol? Yes; No If yes, amount? _____ If yes, how often? _____

- Do you use drugs socially? Yes; No If yes, amount? _____ If yes, how often? _____

- Are you a victim of domestic violence or abuse in your present relationship? Yes; No Past Relationship? Yes; No

- Do you have a living will? Yes; No

5. REVIEW OF SYSTEMS

Abdomen:

Diarrhea? Yes No Constipation? Yes No Other: _____

Genitourinary:

Frequent urination? Yes No Urinary Incontinence? Yes No Other: _____

Skin/breast:

Lumps in breast? Yes No Nipple discharge? Yes No Other: _____

Any other problems?

Completed by: _____ Date: _____

Reviewed by: _____ Date: _____

(Signature of Provider)