

Women's Health Specialist of Centrastate

Obstetrics and Gynecology

Medical History

Patient Name: _____ D.O.B _____ Todays Date: _____

Marital Status: (please circle) Married Single Living w/partner Widowed Divorced

Menstrual History: LMP: _____ Age Started: _____ Duration: _____ days.

Date of last Breast exam by a physician: _____

Date of last Mammogram: _____ Date of last Colonoscopy: _____

Current Medication: _____

Allergies/Reaction: _____

Language: English _____ Spanish _____ Other: _____

Social History (Please answer the following)

Alcohol? Current: _____ Past: _____ Never: _____ Age started: _____ Age Stopped _____ Frequency _____

Smoke? Current: _____ Past: _____ Never : _____ Age started: _____ Age Stopped _____ Frequency _____

Substance Abuse? Current: _____ Past: _____ Never: _____ Age Started: _____ Age Stopped: _____

Frequency: _____

SEXUAL HISTORY:

Sexually Active: YES _____ NO _____ First Active: _____

Current Partners: _____ # of lifetime partners _____ Uses Condoms: Yes _____ NO _____

Method of Contraception: Abstinence _____ BC Implant _____ BC Patch _____ BC Pill _____ BC Shot _____
 Diaphragm _____ IUD _____ Vaginal Ring _____ Other _____

History of Sexual abuse: Yes _____ No _____ History of STD: Yes _____ No _____

Self-described Orientation: Heterosexual _____ Homosexual _____ Bisexual _____ Transgender _____
 Other _____

OBSTETRICAL HISTORY:

Please list all Pregnancies and or Miscarriages in full

NO.	M / D / Y	Weeks at delivery	Type of Delivery	Sex / Wt.	Hours of Labor	Complications
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1.						
2.						
3.						
4.						
5.						
6.						
7.						
8.						

PROCEDURE/SURGERIES:

M / D / Y	Procedure