



### PATIENT HISTORY

**A**

1. Date: \_\_\_\_\_  
month day year
2. Name: \_\_\_\_\_  
last first middle
3. Marital Status: Single  Married  Separated  Common Law  Divorced  Widowed
4. Reason for this visit to Gynecologist: \_\_\_\_\_
5. Referring Physician: \_\_\_\_\_ 6. Tel. No.: \_\_\_\_\_
7. Date of Birth: \_\_\_\_\_ 8. \_\_\_\_\_ 9. Occupation: \_\_\_\_\_  
month day year age
10. Weight: \_\_\_\_\_ Height: \_\_\_\_\_ 11: Daytime Telephone No.: \_\_\_\_\_
12. Spouse - Name: \_\_\_\_\_  
last first middle
13. Age: \_\_\_\_\_ 14. Occupation: \_\_\_\_\_

### MENSTRUAL HISTORY (complete even if post-menopausal or no longer having periods)

**B**

15. Age at first period \_\_\_\_\_ years. (If your periods are currently irregular, answer question 17 instead)
16. If your periods are currently regular: menstrual periods start every: \_\_\_\_\_  
(circle 1 only) 21 22 23 24 25 26 27 28 29 30 31 32 33 34 Other \_\_\_\_\_ (specify)
17. If your periods are currently irregular: menstrual periods start every: \_\_\_\_\_ to \_\_\_\_\_ days (e.g., 12 to 60)
18. Duration of bleeding in days (circle 1 only) 1 2 3 4 5 6 7 8 9 or more
19. Does bleeding or spotting occur between periods? Yes  No
20. Does bleeding or spotting occur after intercourse? Yes  No
21. First day of last menstrual period: \_\_\_\_\_  
month day year
22. Is pain associated with periods? Yes  No  Occasionally
23. If yes to 22, is it: before menses?  during menses?  both?
24. Do you currently have an abnormal vaginal discharge? Yes  No

### PREGNANCY HISTORY (All pregnancies)

25. Have never been pregnant

**C**

26. OBSTETRICAL HISTORY INCLUDING ABORTIONS AND ECTOPIC (TUBAL) PREGNANCIES						CHILD		
DATE	PLACE OF DELIVERY OR ABORTION	DUR. PREG.	HRS. OF LABOR	TYPE OF DELIVERY	COMPLICATIONS MOTHER AND/OR INFANT	SEX	BIRTH WEIGHT	PRESENT HEALTH
27.								
28.								
29.								
30.								
31.								
32.								

### BIRTH CONTROL HISTORY

**D**

Note: CIRCLE the method(s) you currently use. UNDERLINE the method(s) you have used in the past

- |                         |                  |               |                  |                    |                 |
|-------------------------|------------------|---------------|------------------|--------------------|-----------------|
| 33. Birth control pills | 34. IUD          | 35. Diaphragm | 36. Cervical cap | 37. Condoms        | 38. Foam or Gel |
| 39. Suppository         | 40. Sponge       | 41. Rhythm    | 42. Basal Temp   | 43. Tubal Ligation | 44. Vasectomy   |
| 45. Hysterectomy        | 46. Depo-provera | 47. Norplant  | 48. Abstinence   | 49. None           |                 |