SEXUAL HISTORY **E**

50. Do you have a sexual partner? Yes ☐ No ☐
51. Are there concerns about your sexual activity which you may want to discuss with your doctor? Yes ☐ No ☐

PAST OBSTETRICAL/GYNECOLOGICAL SURGERY **F**

Check any that apply: or 81. ☐ None

SURGERY	YEAR	SURGERY	YEAR
52. ☐ D & C		61. ☐ ovarian surgery	
53. ☐ hysteroscopy		62. ☐ L cyst(s) removed	
54. ☐ infertility surgery		63. ☐ R cyst(s) removed	
55. ☐ tuboplasty		64. ☐ L ovary removed	
56. ☐ tubal ligation		65. ☐ R ovary removed	
57. ☐ laparoscopy		66. ☐ vaginal or bladder repair for prolapse or incontinence	
58. ☐ hysterectomy (vaginal)		67. ☐ caesarean section	
59. ☐ hysterectomy (abdominal)		68. ☐ other (specify) ____________	
60. ☐ myomectomy			

OTHER PAST GYNECOLOGICAL HISTORY

Check any that apply: or 69. ☐ None

70. ☐ Veneral warts
71. ☐ Herpes - genital
72. ☐ Gonorrhea
73. ☐ Chlamydia
74. ☐ Pelvic inflammatory disease
75. ☐ Endometriosis
76. ☐ Vaginal infections
77. ☐ Syphillis
78. ☐ Other ____________

PAP SMEAR/MAMMOGRAM HISTORY If yes, what type(s) of treatment have you had? **G**

79. ☐ Date of last Pap smear: ____________
80. ☐ Have you had abnormal smears? No ☐ Yes ☐
81. ☐ Have you had treatment for abnormal smears? No ☐ Yes ☐
86. ☐ Date of last mammogram: ________ month ________ year
87. ☐ Have you had an abnormal mammogram: No ☐ Yes ☐

	YEAR
82. cryotherapy	
83. laser	
84. cone biopsy	
85. loop excision (leep)	

PAST SURGICAL HISTORY (Not OB/GYN) **H**

Check any that apply: or 124. ☐ None

	YEAR		YEAR		YEAR
88. ☐ Thyroid surgery		94. ☐ Urinary/bladder surgery		99. ☐ Mastectomy	
89. ☐ Appendectomy		95. ☐ Heart surgery		100. ☐ Breast biopsy	
90. ☐ Bowel surgery		96. ☐ Bone surgery		101. ☐ Facial surgery	
91. ☐ Stomach surgery		97. ☐ Joint surgery		102. ☐ Eye surgery	
92. ☐ Hernia surgery		98. ☐ Ear, nose or throat surgery (including tonsillectomy)		103. ☐ Varicose vein surgery	
93. ☐ Cholecystectomy (gall bladder)				104. ☐ Other (specify) ____________	