

ANDERSON MEDICAL GROUP



GYNECOLOGIC HISTORY:

Are you currently sexually active? Yes or No
 Are you trying to become pregnant? Yes or No
 Are you using birth control? Yes or No If so, what method? _____

Please circle the methods of birth control used in the past:

Condoms	Oral contraceptive pills
Ring	Shot/Injection
IUD	Patch
Hysterectomy	Tubal ligation
Essure	Vasectomy

Have you ever been diagnosed with the following? If so, please indicate the approximate year of diagnosis.

HPV (genital warts)	Herpes
Chlamydia	Gonorrhea
Syphilis	HIV
PID	

Have you ever had an abnormal pap smear? _____ If so, what year? _____

Have you ever had an abnormal mammogram? _____ If so, what year? _____

OBSTETRICAL HISTORY

Complete the obstetrical history.

Pregnancy #1	Date:	Full- term Pre- term Miscarriage Termination	Vaginal or C-section Male or Female Weight: _____ lbs. _____ oz.
Pregnancy # 2	Date:	Full –term Pre-term Miscarriage Termination	Vaginal or C-section Male or Female Weight: _____ lbs. _____ oz.
Pregnancy #3	Date:	Full –term Pre-term Miscarriage Termination	Vaginal or C-section Male or Female Weight: _____ lbs. _____ oz.
Pregnancy #4	Date:	Full –term Pre-term Miscarriage Termination	Vaginal or C-section Male or Female Weight: _____ lbs. _____ oz.

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What age did you start your period? _____

Are you experiencing any of the following symptoms?

Abnormal bleeding	Y or N	Abnormal vaginal discharge	Y or N
Abnormal vaginal odor	Y or N	Breast tenderness	Y or N
Hot flashes	Y or N	Infertility	Y or N
Insomnia	Y or N	Night sweats	Y or N
Nipple discharge	Y or N	Pain or burning with urination	Y or N
Pain with intercourse	Y or N	Pelvic pain	Y or N
Urinary incontinence	Y or N	Vaginal burning	Y or N
Vaginal Dryness	Y or N	Vaginal itching	Y or N

If menopausal, what was age of menopause? _____

Have you ever taken hormone replacement therapy? Yes or No

Past Surgical History:

Please indicate whether or not you have had the following surgeries or procedures performed. If so, please indicate the approximate year of the surgery.

<u>Past surgery & Approximate year of surgery</u>	<u>Past surgery & Approximate year of surgery</u>
Abortion(elective)	Hernia
Appendectomy	Hysterectomy _____
Angioplasty	Were ovaries and tubes removed at same time?
Ankle	Yes or No
Back	Knee replacement
Bladder	Laparoscopic surgery
Breast	LEEP
Cervical conization/cryotherapy	Miscarriage
Colposcopy (microscopic evaluation of cervix)	Ovarian Cystectomy
Cesarean section	Plastic Surgery
D & C	Tubal ligation
Endometrial ablation	Wisdom teeth
Exploratory surgery	Other procedures not listed:
Fibroid (myomectomy)	
Gallbladder (cholecystectomy)	