PATIENT HISTORY FORM

METRO PARTNERS IN WOMEN'S HEALTH

Please help us by giving some information about your health. Please complete both sides and fill in all spaces. **Please print.**

Today's Date: _____

Patient Name: _____ Date of Birth: _____ Age: _____

Primary Care Doctor: _____

Other physicians treating you: _____

Current medications: _____

_____

Medication allergies: _____

Other allergies: _____ _____ Latex allergy: O Yes O No

Reason for your visit: _____

PAST GYN HISTORY

Last menstrual period: _____ Age when periods began: _____

Length of periods: _____ How many days between periods? _____

Do you do self breast exams? O Yes O No

Last Pap Smear: _____ Result: _____

Last Mammogram: _____ Result: _____

Last Bone Density Test: _____ Result: _____

Last Colonoscopy: _____ Result: _____

Current birth control/family planning method: _____ Are you trying to get pregnant? _____

How many sexual partners in the past year: _____ Are you sexually active? O Yes O No

PAST OB HISTORY

Total pregnancies: _____ Number of living children: _____

Number of miscarriages: _____ Number of voluntary terminations: _____

Number of C-Sections: _____ Number of vaginal deliveries: _____

Number of tubal pregnancies: _____

Complications: _____

SOCIAL HISTORY

Do you smoke? O Yes O No Comments: _____

Amount per day: _____ Comments: _____

Do you drink alcohol? O Yes O No Comments: _____

Amount per day? _____ Comments: _____

Have you used drugs? O Yes O No Comments: _____

Do you exercise? O Yes O No Comments: _____

Do you use a seat belt? O Yes O No Comments: _____

Have you been emotionally, sexually, or physically abused? O Yes O No

Comments: _____

Medical problems (such as diabetes, high blood pressure, thyroid problems or problems with heart, lung or kidney)?

_____

Any past surgeries? _____

Regarding your health, please review the following list of health problems and describe any "yes" answers:

	Y	N
General/Constitutional		
Fatigue		
Fever		
Weight gain		
Weight loss		
Ophthalmologic		
Vision changes		
Cataracts		
Glaucoma		
ENT		
Hearing loss		
Balance problems		
Hoarseness		
Difficulty swallowing		
Sore throat		
Endocrine		
Thyroid problems		
Hormone imbalance		
Diabetes		
Steroids		
Respiratory		
Difficulty breathing		
Chronic cough		
Blood in sputum		
Cardiovascular		
Chest pain		
High cholesterol		
Irregular heartbeat		
Shortness of breath		

	Y	N
Gastrointestinal		
Rectal pain		
Hemorrhoids		
Hernia		
Indigestion		
Abdominal pain		
Blood in stool		
Constipation		
Diarrhea		
Nausea		
Vomiting		
Hematology		
Chemotherapy		
Anemia		
Blood disorders		
Easy bruising		
Women Only		
Chlamydia/Gonorrhea		
Vaginal odor		
Nipple discharge		
Breast lump		
Breast pain		
Heavy periods		
Hot flashes		
Pain with intercourse		
Vaginal discharge		
Genitourinary		
Blood in urine		
Pain with urination		
Urgency		
Frequency		
Involuntary loss of urine		

	Y	N
Musculoskeletal		
Arthritis		
Back pain		
Leg pain		
Pain in joints		
Peripheral Vascular		
Swelling in legs/feet		
Skin		
Hair loss		
Venereal warts/Herpes		
Mole(s)		
Rash		
Skin cancer		
Neurologic		
Lupus		
Stroke		
Memory problems		
Dizziness		
Fainting		
Headache		
Seizures		
Psychiatric		
Depression		
Phobias		
Anxiety		

Is there any family history in colon, uterine, breast, ovarian, or pancreatic cancer? O Yes O No

Are you of Ashkenazi Jewish ancestry? O Yes O No

FAMILY HEALTH HISTORY

Review the following list of health problems and check yes if they apply to parents, grandparents, siblings, aunts, uncles, or your children.

	Y	N	If Yes, please Indicate Maternal(Mother) or Paternal (Father) Relative	If Yes, please Indicate age when diagnosed	If Yes, please Indicate Alive or Deceased?
Diabetes					
Heart Disease					
Osteoporosis					
High Blood Pressure					
Stroke					
Blood clots					
Endometriosis					
Colon cancer					
Breast cancer					
Uterine Cancer					
Ovarian cancer					
Endometrial cancer					
Birth Defects					
Other					

METRO PARTNERS IN WOMEN'S HEALTH
44000 W. 12 Mile Rd., Ste 205 | Novi, MI 48377 | P 248-662-4388 | F 248-662-3025 | metropartnershealth.com