	Personal Hist	tory	Chart #
The follow	ving information is very im	portant for your	health.
	ase take the time to fill thi		
Name:	Date:	Occupation:	, .
Date of Birth:		Occupation.	
	Age:	Friend/Delet	i
Referred by:	Doctor:	Friend/Relat	ive:
	Main Complaint / Reaso	n For Exam	
Pregnancy History	Menstrual His	story	Gynecologic History
Number of Pregnancies	First Day of Last Menstrual Period		Endometriosis
Children Born Alive	Age Periods Began?		Ovarian Cyst
Living Children Stillbirths	Age Periods Stopped?		Polycystic Ovaries Uterine Fibroids
Miscarriages	How often do they occur?		Frequent Vaginal Infections
Premature Deliveries	How many days do you flow?		Painful Intercourse
Tubal Pregnancies	Amount of Flow heavy	· • •	Pelvic Inflammatory Disease
Abortions	' '	es / No	Chlamydia
Vaginal Deliveries	·	es / No es / No	Gonorrhea
Cesareans	· · · · · · · · · · · · · · · · · · ·	·	Syphilis
VBAC's (vaginal birth after	Pap Smear His	story	Warts/HPV
Cesarean)	Last Pap Smear	Vec / Ne	Herpes
Other Complications	Was it normal? Have you ever had an abnormal pap	Yes / No Yes / No	AIDS/HIV
	smear?	res / NO	Other:
	If Yes, When?		Heimam Duahlama
Birth Control Method	Did it require treatment?	Yes / No	Urinary Problems
Condoms	How was it treated? (Please Circle)		Frequent Bladder Infections
	Laser Freezing LEEP Cone Bio	•	Kidney Infections Kidney Stones
Pill Brand:	When were these tes	Blood in Urine	
Nuvaring	Mammogram		Burning with urination
	Colonoscopy		Loss of urine when Laughing/
Depo Provera Last Injection:	DEXA/Bone Density		Coughing/Sneezing/ Exercising
IUD	Gardasil Vaccine (HPV) Pneumococcal Vaccine		Frequently can't make in to the
	Influenza Vaccine		restroom in time
Implanon	Cholesterol		Wake frequently to urinate at night Other
Tubal	Diabetes		Other
Husband had a Vasectomy	Cystic Fibrosis		Allergies
Natural Family Planning	Medication	ns	Alleigies
Abstinence	Prescription & Non Prescrip	tion with Dose	
			-
			_
			1
			-
			- I
Continued			
On Back			
Name			
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Personal History

Please **circle** any current or previous medical condition

Blood Disorders	Breast Disease		Cancers		Cardiovascular			Gastrointestinal		
Anemia	Fibrocystic breast		Breast		High Blood Pressure		Irrit	Irritable bowel Syndrome		
Blood Clots/Embolism	Breast mass		Colon		High Cholesterol		Coli	tis (Crohn's or Ulcerativ		
Sickle Cell	Nipple discharge		Uterine		Heart Attack		Diar	Diarrhea		
	Breast biopsy		Ovarian		Previous stent placement			Constipation		
Thalassemia	When: Left / Right							0011	Constipution	
Hemophilia	Fibroadenoma		Cervical		Heart Failure		Hea	Heartburn/Reflux		
Blood transfusion	Other:		Vulvar		Heart palpitations/Irregular beats			Ulcers		
			Lung		Heart Murmur Mitral Valve Prolapse			Hepatitis		
Blood type										
Other:							Live	Liver Disease		
							Gall	Gallbladder disease		
Pulmonary	Endocrine	Psy	chological	N	leurologic	С	Autoimn	nune	Sexual	
Asthma	Diabetes	Depress	_	Migr			Rheumatoid Arth		Problems with:	
COPD/Emphysema	Thyroid disease	Anxiety		Seizu			Osteoarthritis		Desire	
	,									
Pneumonia	Osteoporosis/penia	Eating D	visorder	Epile	psy		Lupus		Arousal	
Tuberculosis	Abnormal hair growth	Manic Depress	ion/Bipolar	Strok	te		Antiphospholipio Syndrome	1	Ability to orgasm	
Bronchitis	Hypoglycemia		ted Suicide	Mult	iple Sclerosis		Psoriasis		Pain with sex	
Other:	Gestational Diabetes		/Drug Addiction	Othe	<u>. </u>		Other:		Other:	
	Other:		/ Sexual Abuse							
		<u> </u>	-							
Surgical Histo	ry (please include year or	age wher					Socia	l History	У	
Tonsillectomy Dilation and Curettage (D&C)		&C)	Mastectomy/ Lumpectomy Partial/complete colon removal		Marital Status Single Married Divorced Sexual Preference Male Fe					
•	G (,							ced Sepa	arated Widowed	
Appendectomy	Tubal ligation							Female	<u>.</u>	
			Se		Sexually Active					
Gallbladder	Endometrial ablation		Thyroid removal		Yes No Never				ver	
Laparoscopy	Ovary removal Right Left Both		Hysterectomy for Ovarian Cancer		Yes No Quit How Who		How mud	ch?		
Why?								ow many years?		
								Vhen did you quit? low much per week?		
Hernia repair	Bladder Suspension/Sling		Hysterectomy for Cervical Cancer		1			w much per week? nen did you quit?		
	Hysterectomy (circle type)		Hysterectomy for					ave you ever used drugs?		
Hemorrhoid removal	Vaginal Abdominal				1 '		Yes No	, ,		
	Laparoscopic Robotic		Uterine Cancer		Yes No W		When?	When?		
Joint replacement	Breast		Bariatric surgery							
Knee Hip Right Left	Augmentation Reduc	tion	(weight loss)							
			Family	Histo	ory					
Cond	dition		Family					Comme	ents	
m = mother f = father s	= sister b = brother ff = fa	ther's fath	ier mm = mother's	mothe	er Example	e: breas	t cancer M, MM	MM died	age 70	
Breast Cancer										
Ovarian Cancer										
Uterine Cancer										
Colon Cancer										
Other Cancers Diabetes										
Heart disease										
High Cholesterol										
High Blood Pressure										
Blood Clots/Embolism										
<u> </u>										
Osteoporosis Kidney disease										
Blood Clots/Embolism Osteoporosis Kidney disease Psychiatric Disease										
Osteoporosis Kidney disease										