



# Personal History

Chart # \_\_\_\_\_

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

Blood Disorders	Breast Disease	Cancers	Cardiovascular	Gastrointestinal
Anemia	Fibrocystic breast	Breast	High Blood Pressure	Irritable bowel Syndrome
Blood Clots/Embolism	Breast mass	Colon	High Cholesterol	Colitis ( Crohn's or Ulcerative)
Sickle Cell	Nipple discharge	Uterine	Heart Attack	Diarrhea
Thalassemia	Breast biopsy When:           Left / Right	Ovarian	Previous stent placement	Constipation
Hemophilia	Fibroadenoma	Cervical	Heart Failure	Heartburn/Reflux
Blood transfusion	Other:	Vulvar	Heart palpitations/Irregular beats	Ulcers
Blood type		Lung	Heart Murmur	Hepatitis
Other:		Skin	Mitral Valve Prolapse	Liver Disease
		Chemotherapy		Gallbladder disease
		Radiation		

Pulmonary	Endocrine	Psychological	Neurologic	Autoimmune	Sexual
Asthma	Diabetes	Depression	Migraines	Rheumatoid Arthritis	<b>Problems with:</b>
COPD/Emphysema	Thyroid disease	Anxiety	Seizures	Osteoarthritis	Desire
Pneumonia	Osteoporosis/penia	Eating Disorder	Epilepsy	Lupus	Arousal
Tuberculosis	Abnormal hair growth	Manic Depression/Bipolar	Stroke	Antiphospholipid Syndrome	Ability to orgasm
Bronchitis	Hypoglycemia	Attempted Suicide	Multiple Sclerosis	Psoriasis	Pain with sex
Other:	Gestational Diabetes	Alcohol/Drug Addiction	Other:	Other:	Other:
	Other:	Physical / Sexual Abuse			

Surgical History (please include year or age when procedure done)			Social History		
Tonsillectomy	Dilation and Curettage (D&C)	Mastectomy/ Lumpectomy	Marital Status Single   Married   Divorced   Separated   Widowed		
Appendectomy	Tubal ligation	Partial/complete colon removal	Sexual Preference Male   Female		
Gallbladder	Endometrial ablation	Thyroid removal	Sexually Active Yes   No   Never		
Laparoscopy Why?	<b>Ovary removal</b> Right   Left   Both	Hysterectomy for Ovarian Cancer	Do you use TOBACCO? Yes   No   Quit	How much? How many years? When did you quit?	
Hernia repair	Bladder Suspension/Sling	Hysterectomy for Cervical Cancer	Do you drink ALCOHOL? Yes   No   Quit	How much per week? When did you quit?	
Hemorrhoid removal	<b>Hysterectomy</b> (circle type) Vaginal   Abdominal Laparoscopic   Robotic	Hysterectomy for Uterine Cancer	Do you use "STREET DRUGS"? (Crack, Pot, LSD, Speed, etc.) Yes   No	Have you ever used drugs? Yes   No When?	
<b>Joint replacement</b> Knee   Hip   Right   Left	<b>Breast</b> Augmentation   Reduction	Bariatric surgery (weight loss)			

Family History		
Condition	Family	Comments
m = mother   f = father   s = sister   b = brother   ff = father's father   mm = mother's mother   Example: breast 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		
Osteoporosis		
Kidney disease		
Psychiatric Disease		
Genetic Disorder		
Thyroid disease		

Name \_\_\_\_\_