

Premier Obstetrics and Gynecology of Orlando, P.A.

Patient History

Name: _____ Age: _____ Date: _____

Primary Care Physician: _____

Past Health History

Please list previous health problems:

Please list any prior surgeries and dates:

Please list medications, dosages, and any supplements you are taking:

MEDICATION ALLERGIES _____

Have you in the past, or are you currently taking any form of Hormone Replacement Therapy? Yes No

If yes, please list the type. This includes any herbal preparations. _____

OB/GYN History

Current contraception: Pill Tubal Ligation Condoms IUD Other: _____

Have you ever taken the pill? Yes No

Are you through having children and would you like to hear the options available for permanent birth control? Yes No

Are you sexually active? Yes No

Are your cycles regular? Yes No Do you ever lose urine? Yes No

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

Date of last PAP smear: _____ Have you ever had an abnormal PAP smear? Yes No

Date of last mammogram: _____ Date of last menstrual cycle: _____

Date of last Bone Density Scan: _____

Family History

| Illness | Yes | No | Which Relative | Illness | Yes | No | Which Relative |
|----------------|-----|----|----------------|---------------------|-----|----|----------------|
| Uterine Cancer | | | | Stroke | | | |
| Ovarian Cancer | | | | Heart Disease | | | |
| Endometriosis | | | | Diabetes | | | |
| Breast Cancer | | | | High Blood Pressure | | | |
| Colon Cancer | | | | | | | |

Social History

Smoking: Yes No

Packs/day: _____ Years: _____

Alcohol: Yes No

Drinks/week: _____

Illegal Drug Use: Yes No

What drugs: _____

Exercise: Yes No

Which type: _____

History of spouse abuse: Yes No

Are you a survivor of sexual abuse/assault: Yes No

Do you have any history of anorexia or bulimia: Yes No

Are you experiencing any lack of sexual libido? Yes No

Have you had more than 5 sexual partners? Yes No Are you sexually active with men women both

Have you had any feeling of sadness or depression on a regular basis? Yes No

Marital Status: Married Single Divorced

School Completed: High School College Graduate School

Current or most recent job: _____