

STATESVILLE OB / GYN

GYNECOLOGIC HISTORY

Sexually Active? Yes / No _____ Contraception _____

Age at First Period _____ Age at Menopause _____

Menstrual Cycle Regular? Yes / No _____ Heavy Flow? Yes / No _____

Days Between Cycle Starts _____ Last Menstrual Period _____

Duration of Period _____

Associated Symptoms/ Pain? _____

Premenstrual Symptoms _____

Menopausal Symptoms _____

Pap Smear Last Done _____ Past Abnormal Paps _____

Past Treatment _____

Breast - Past Problems or Masses _____

Last Mammogram _____

Current and past GYN Problems Yes / No

Ovarian Cysts	_____	Endometriosis	_____
Vaginal Discharge	_____	Pelvic Pain	_____
Leakage of Urine	_____	Pelvic Relaxation	_____
Infertility	_____	Problems during Intercourse	_____
Sexually Transmitted Diseases	_____	Herpes	_____

OBSTETRIC HISTORY

Total Number of Pregnancies _____ Vaginal _____ Cesarean _____

Full Term Births _____ Pre-Term Births _____ Miscarriages _____

Ectopic (Tubal) _____ Abortions _____

Children : Total Number _____ Birthdates _____

Future Pregnancies: Yes _____ Maybe _____ Definitely NOT _____

STATESVILLE OB / GYN

Name _____ Birthdate _____ Today's Date _____

Address _____

Home Phone# _____ Work Phone# _____

Employer _____ Occupation _____

Education _____ Marital Status _____ Referred By _____

MEDICAL HISTORY

Allergies to Medication _____

Current Medication/Doses and Frequency _____

Primary Physician (If Applicable) _____

Past Medical Conditions _____

Past Surgery (Date and Reason) _____

FAMILY HISTORY

(Close Relatives)

Cancer _____

Gynecologic Problems _____

Breast Disease _____

Other Medical Conditions _____ Tobacco Yes / No

STATESVILLE HMA MEDICAL GROUP LLC

1410 Fern Creek Drive • Statesville, NC 28625 • Phone: 704.978.2820 • Fax: 704.873.6859