

**WOMEN'S HEALTH MEDICAL GROUP
NEW PATIENT QUESTIONNAIRE**

NAME: _____ D.O.B. _____

OCCUPATION/EMPLOYER: _____

MARITAL STATUS: SINGLE MARRIED DIVORCED WIDOWED SEPARATED

REFERRED BY: _____

PAST MEDICAL HISTORY

ALLERGIES: _____

CURRENT MEDICATIONS: _____

GYNECOLOGIC HISTORY

AGE OF FIRST PERIOD _____

DATE OF LAST MENSTRUAL PERIOD _____

NUMBER OF DAYS YOU BLEED _____

NUMBER OF DAYS BETWEEN PERIODS _____

BIRTH CONTROL METHOD:

PILLS CONDOMS TUBAL LIGATION NONE
 DEPO-PROVERA DIAPHRAGM VASECTOMY
 IUD NATURAL FAMILY PLANNING WITHDRAWAL

OBSTETRIC HISTORY

TOTAL NUMBER OF PREGNANCIES _____ NUMBER OF BIRTHS _____

NUMBER OF MISCARRIAGES _____ NUMBER OF LIVING CHILDREN _____

MO/YR	TYPE OF DELIVERY	SEX	BIRTHWEIGHT	NAME	COMPLICATIONS
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

(OVER)

HOSPITALIZATIONS: Please list any hospitalizations or surgeries excluding childbirth.

YEAR	REASON FOR HOSPITALIZATION
_____	_____
_____	_____
_____	_____
_____	_____

HEALTH HABITS: Please check habits you have.

_____ SMOKING. Number of packs per day _____
 _____ ALCOHOL. Number of drinks per week _____
 _____ STREET DRUGS. Describe _____
 _____ EXERCISE. Describe _____

PAST MEDICAL HISTORY AND FAMILY HISTORY

<u>ILLNESS</u>	<u>PERSONAL</u>	<u>FAMILY</u>
1. HEART DISEASE	_____	_____
2. HYPERTENSION	_____	_____
3. RESPIRATORY DISEASE	_____	_____
4. BREAST DISEASE/CANCER	_____	_____
5. JAUNDICE/HEPATITIS	_____	_____
6. GALL BLADDER DISEASE	_____	_____
7. HIATAL HERNIA/PEPTIC ULCER	_____	_____
8. BOWEL DISORDERS	_____	_____
9. KIDNEY DISEASE	_____	_____
10. URINARY INFECTIONS	_____	_____
11. URINARY INCONTINENCE	_____	_____
12. ANEMIA	_____	_____
13. BLOOD DISEASE	_____	_____
14. BLOOD TRANSFUSIONS	_____	_____
15. PHLEBITIS	_____	_____
16. THYROID DISEASE	_____	_____
17. DIABETES	_____	_____
18. CANCER	_____	_____
19. EPILEPSY/SEIZURES	_____	_____
20. NEUROLOGIC DISEASES	_____	_____
21. SKIN DISEASE/CANCER	_____	_____
22. TUBERCULOSIS	_____	_____
23. SEXUALLY TRANSMITTED DISEASE	_____	_____
GONORRHEA	_____	_____
CHLAMYDIA	_____	_____
SYPHILIS	_____	_____
HERPES	_____	_____
HIV	_____	_____
HPV/CONDYLOMA/WARTS	_____	_____