

Female Patient Specific Information

Sexual History: (circle anything that applies)

Experience pain during intercourse	Bleeding with intercourse	Headache soon after orgasm
Low libido	High libido	
Frequency of intercourse: _____ per week/month (circle one)		

Pregnancy History:

Date	Birth T - Term P - Premature	Miscarriage	Elective abortion	Ectopic Pregnancy	Infertility Treatment	C-Section/ vaginal birth	Other complications	Is current partner the Father?

Contraceptive Use:

Type: BCP/DEP/Nuvaring/Diaphragm/Etc	From when to when?	Reason for discontinuing use?

Gynecologic/Infections (Circle anything that applies)

Pelvic Infection	Vaginal Dryness	Gonorrhea	Ovarian Cysts	Chlamydia
Colitis/Enteritis	Syphilis	Toxoplasmosis	Endometriosis	Uterine fibroids/myomas
Mycoplasma	Cytomegalovirus (CVS)	Pelvic adhesions	Abnormal uterus shape	Ureaplasma
Tuberculosis	Cervicitis	Recurrent vaginitis	Genital warts/condyloma	Trichomonas
Genital herpes	Abnormal pap smears	Cyro (freezing) or surgery of the cervix	UTIs	

Other infections/Problems:

--

Do you have, or have you ever experience (circle any that apply):

Hot flashes	Increased facial/body hair	Breast discharge
Vaginal discharge	Weight gain > 10 pounds	Weight loss < 10 pounds
Date of last pap smear:		
Date of last mammogram:		

Menstrual History:

Age of First Period:	Are your periods regular? Yes/No
# of days from onset to onset:	Duration of period (days):
Do you bleed between cycles? Yes/No	Is your flow: light regular heavy

PMS Symptoms (check in box when it applies)

	None	Before menstruation	After menstruation	Mid cycle	Indicate severity (mild/moderate/severe)
Emotional					
Breasts swelling					
Breast tenderness					
Back pain					
Facial acne					
Acne on back					
Acne on body					
Headaches					
Migraines					
Abnormal bloating					
Pelvic pain/cramps					