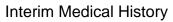
Department of Obstetrics, Gynecology and Reproductive Medicine





Reason for Today's Visit:							
INTERIM GYNECOLOGIC HISTORY							
MENSTRUAL HISTORY				Number of Days Bleeding:			
CONTRACEPTION	Current Method of Birth Control:Any Problems?						
Date of last Pap			Normal Abnormal	Date of last Bone Density Test		Norma	l Abnormal □
Date of Last Mammogram				Date of last Colonsocopy/Sigmoidosco	ру		
			INTERIM	OBSTETRIC HISTORY			
Number of Pregnancies: Type of Deliveries and Dates:				Miscarriage/Abortion Numb	er of livir	ng children _	
Pregnancy or Delivery Complicat	tions:						
INTERIM MEDICAL HISTORY							
New Medical Problems:							
Allergies:							
Surgeries Since Last Exam:							
Medications, Vitamins and N	lutritiona	l/Herl	oal Supplements currently	y taking:			
Family History Updates:							
Social History Updates:	Smoking	٠·	Ves O No O	Years: Quit:			
Social History Opulies.	Alcohol,	/Drug	Use: Yes □ No □	Years: Quit:hysical abuse? Yes \(\begin{array}{cccccccccccccccccccccccccccccccccccc			
PEVIEW OF SYSTEMS (DIE				E CURRENTLY HAVING PROBLEI	\1C \1/17	TH THE EO	HOWING:
REVIEW OF STSTEINS (PLI			TITI AN X IF TOU AN	CORRENTLY HAVING PROBLE	VIS VVI		LLOWING.
	YES	NO	COMMENTS		YES	NO	COMMENTS
Constitutional				Genitourinary			
Fever, sweats or chills				Difficult/painful urination			
Anorexia or weight change Eyes				Blood in urine Strong/frequent urge to urinate	-		
Dry eyes or irritation				Involuntary urine loss			
Double vision				Increased urination at night			
Ears/Nose/Mouth/Throat				Abnormal bleeding			
Earaches/hearing loss				Painful periods/PMS			
Nose/sinus problems				Painful intercourse			
Dry mouth/mouth ulcers				Infertility			
Cardiovascular				Neurological			
Chest pain or pressure				Headaches	-		
Swelling of ankles Rapid/irregular heartbeat				Weakness or numbness Loss of consciousness			
Respiratory				Dizziness or faintness			
Difficulty breathing w/ exertion				Psychiatric			
Cough/sputum				History of depression			
Shortness of breath				Anxiety			
Breast				Frequent crying			
Pain				Sleep disturbance			
Nipple discharge				Endocrine			
Lumps Gastrointestinal		-		Hair Loss			
Heartburn/indigestion				Abnormal thirst Hot flashes			
Nausea/vomiting				Skin		+ + -	
Constipation				Rashes or lesions		+ + -	
Diarrhea	+			Sores or moles		+ +	_
Bloody stool		+					
Recent stomach pain							
I have reviewed the Pation	ent Histo	ory as	indicated above:				
							
Attending Signature ID # Date/Time							