FEMALE PATIENT SPECIFIC INFORMATION

Sexual history:

☐ Experience pain during intercourse ☐ Bleeding with intercourse ☐ Headache soon after orgasm
☐ High libido ☐ Low libido

Frequency of intercourse: _____ per week/month (circle one).

Pregnancy history:

# of pregnancies: _____ Term births: _____ Premature births: _____ Miscarriages: _____ Elective abortions: _____ Stillbirth: _____

DATE	BIRTH T = TERM P = PREMATURE	MISCARRIAGE	ELECTIVE ABORTION	ECTOPIC PREGNANCY	INFERTILITY TREATMENT	C-SECTION	OTHER COMPLICATIONS	IS CURRENT PARTNER THE FATHER?

Contraceptive use:

TYPE: OCE/DEP/NUVARING/DIAPHRAGM/ETC.	FROM WHEN TO WHEN?	REASON FOR DISCONTINUING USE

Gynecology/Infections:

☐ 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 ☐ Cryo (freezing) or surgery of the cervix

☐ Other infections/problems: _____

Do you have, or have you ever experienced:

☐ Hot flashes ☐ Increased facial/body hair ☐ Breast discharge

☐ Vaginal discharge ☐ Weight gain > 10 pounds ☐ Weight loss > 10 pounds

Date of last pap smear: (mm/dd/yyyy)_____ Date of last mammogram: (mm/dd/yyyy)_____

Menstrual history:

Age of first period: _____ Are your periods regular? ☐ Yes ☐ No

# of days from onset to onset: _____ Duration of periods (days): _____

Do you bleed between cycles? ☐ Yes ☐ No

PMS Symptoms:

	None	Before menstruation	After menstruation	At mid cycle
Emotional	☐	☐	☐	☐
Breasts swelling	☐	☐	☐	☐
Breast tenderness	☐	☐	☐	☐
Back pain	☐	☐	☐	☐
Facial acne	☐	☐	☐	☐
Acne on back	☐	☐	☐	☐
Acne on body	☐	☐	☐	☐
Headaches	☐	☐	☐	☐
migraines	☐	☐	☐	☐
Abnormal bloating	☐	☐	☐	☐
Pelvic pain/cramps	☐	☐	☐	☐
		☐ Mild	☐ Moderate	☐ Severe