

Women's Health History

What was your age at the start of menstruation: _____ When was you last period: _____
 How long did it last: _____ How many days between periods: _____
 Is your cycle irregular: _____ Do you use pads or tampons: _____
 How many on heaviest day: _____ Do you get menstrual cramps or other problems? _____

Premenstrual warning symptoms before your period (Grade intensity 1=mild 2=moderate 3=severe)

_____ Breast Tenderness _____ Bloating _____ Skin _____ Mood Changes _____ Headache
 _____ Cramping _____ Diarrhea _____ Appetite Changes _____ Low back pain
 _____ Constipation _____ Other: _____

Do the above premenstrual symptoms get better with your period flow? _____
 Do you have any vaginal discharge or irritation: _____
 Have you ever had gynecological or breast surgery? _____
 Do you have a problem or past history of herpes, venereal warts, or venereal disease? _____
 When was your last pap? _____ Do you have hot flashes? _____
 Breast Problems: _____ Discharge _____ Tenderness _____ Swelling
 Did you breastfeed your babies? _____ How long: _____

Current Method of Birth Control

_____ Not applicable _____ Partner has had vasectomy or is otherwise sterile _____ None _____ Tubal Ligation
 _____ Hysterectomy _____ Other _____ IUD _____ Diaphragm _____ Condoms
 _____ Foam _____ Pill (Name: _____ # of years taken _____)

Pervious Method of Birth Control:

_____ Not applicable _____ Partner has had vasectomy or is otherwise sterile _____ None _____ Tubal Ligation
 _____ Hysterectomy _____ Other _____ IUD _____ Diaphragm _____ Condoms
 _____ Foam _____ Pill (Name: _____ # of years taken _____)

Any questions or problems concerning sex? _____ No _____ Yes Any pain or discomfort with sexual intercourse?
 _____ No _____ Yes

Times pregnant _____ Living Children _____ Miscarriages _____ Abortions _____ Premature Births _____

Please complete information below concerning your pregnancies

No.	Born mm/yy	Weight at birth	Sex	Length of Pregnancy	Delivery Type	Complications - describe if any
1						
2						
3						
4						