OB/GYN CARE GROUP

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Winter Park, Florida 32792
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PATIENT QUESTIONAIRE

NAME: DATE:

REASON FOR VISIT?

PERSONAL REVIEW & FAMILY HISTORY PLEASE MARK (X) IF YOU (PERS) OR ANY BLOOD RELATIVE (FAM) HAVE HAD ANY OF THE FOLLOWING

	PERS	FAM	WHOM		PERS	FAM	WHOM
HEART DISEASE				URINARY INCONTINENCE			
HEADACHE/MIGRAINE				URINARY INFECTIONS			
ABNORMAL PAP SMEAR				BLOOD TRANSFUSION			
CERVICAL DYSPLASIA				BLOOD DISORDER			
HIGH BLOOD PRESSURE				PHLEBITIS			
HIGH CHOLESTEROL				SKIN DISEASE			
RESPITORY DISEASE				DIABETES			
PULMONARY (LUNG)				THYROID DISEASE			
BREAST DISEASE				CANCER/TYPE			
JAUNDICE/HEPATITIS				EPILEPSY/NEURO DISORDER			
HIATAL HERNIA REFLUX				ARTHRITIS/JOINT PAIN			
PEPTIC ULCER (STOMACH)				OSTEOPOROSIS			
BOWEL DISEASE				ANXIETY/DEPRESSION			
KIDNEY DISEASE				SLEEP DISORDERS			

HOSPITAL ADMISSIONS (LIST OPERATIONS & SERIOUS ILLNESS WHICH REQUIRED HOSPITALIZATION (EXCLUDING PREGNANCY)

YEAR	REASON FOR ADMISSION	YEAR	REASON FOR ADMISSION

CURRENT MEDICATION	DOSAGE	FREQ	CURRENT MEDICATION	DOSAGE	FREQ

DRUG ALLERGY	EFFECT	DRUG ALLERGY	EFFECT

MENSTRAL HISTORY AGE AT 1ST MENSES (PERIODS)? IF STILL MENTRUATING- DATE OF LAST MENSES

MENSES INTERVAL 21/28/30 DAYS BETWEEN _____ DURATION OF MENSES _____ CRAMPS Y N MILD SEVERE MEDICATION FOR CRAMPS Y N MED NAME: _____

BLEEDING/SPOTTING BETWEEN MENSES Y N

MENOPAUSAL HISTORY
MEDICATION: _____
SYMPTOMATIC: Y N

PRIOR VAGINAL INFECTIONS YEAST TRICHOMONAS CHLAMYDIA HERPES GONORRHEA BV/BACTERIAL VAGINOSIS

PAP TEST DATE OF LAST PAP _____ NORMAL ABNORMAL **MAMMOGRAM** DATE OF LAST MAMMO _____ NORMAL ABNORMAL FACILITY/LOCATION _____

CONTRACEPTIVE HISTORY CURRENT METHOD IF PILL/BRAND PAST METHODS

SEXUAL HISTORY SINGLE ENGAGED MARRIED SAME SEX PARTNER VIRGINAL

SOCIAL HISTORY SMOKING CURRENTLY # _____ DAILY #YEARS _____ OCCASSIONAL SMOKER QUIT DATE: _____ ALCOHOL DLY/WKLY/MO/OCCASS STREET DRUGS Y N

OBSTETRICAL HISTORY # PREGNANCIES _____ # PREMATURE _____ # MISCARRIAGES _____ # ABORTIONS _____ # LIVING CHILDREN _____

DATE OF BIRTHS	# WKS OF PREG	INFANT WT	SEX	TYPE OF DELIVERY	COMPLICATIONS
____/____/_____	_____	_____	M F	VAG C/SECTION	_____
____/____/_____	_____	_____	M F	VAG C/SECTION	_____
____/____/_____	_____	_____	M F	VAG C/SECTION	_____
____/____/_____	_____	_____	M F	VAG C/SECTION	_____
____/____/_____	_____	_____	M F	VAG C/SECTION	_____