

Patient Name:

**Past Gynecologic History**

How old were you when you went through menopause?

Have you had any bleeding from the vagina since menopause? Yes No

Do you have any symptoms of something coming out of the vagina? Yes No

When was your last Pap smear?

\_\_\_\_\_ Year

Have you ever had an abnormal Pap smear? Yes No

Do you leak urine? Yes No

\*Get the urge to go and can't make it to the washroom? Yes No

\*Cough, sneeze, laugh and leak? Yes No

Are you sexually active? Yes No

Do you have pain with intercourse? Yes No

Do you have pain at other times? Yes No

What things make it worse or better?

**Past Obstetrical History**

How many pregnancies have you had?

How many babies have you delivered?

**Past Medical History** (List all illnesses, diseases and conditions for which you've seen a physician)

**Past Surgical History** (List all procedures you've had)

Patient Name:

**Social History**

*Are you a smoker?	Yes	No
*Are you in a relationship?	Yes	No
What do you do for work?		

What do you do for physical activity?

**Medication** (Include vitamins and herbs)

**Allergies** (Provide the allergen and the reaction you have)

What bothers you most about the reason you've been referred?

**Review Questions**

Over the last year, have you had any change in the following:

weight?	Yes	No
bowel habits?	Yes	No
energy level?	Yes	No
appetite?	Yes	No
the size of your belly?	Yes	No
new lumps or bumps?	Yes	No
chest pain or shortness of breath?	Yes	No

Have you ever:

Been sexually/physically/emotionally abused?	Yes	No
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In childhood:

Were you often without enough to eat, had to wear dirty clothes, and had no one to protect you?

Were your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?

Was a household member depressed or mentally ill, or did a household member attempt suicide?

Is there anything else Doctor Fahey should know about you or your medical history?