

GYNECOLOGIC HISTORY:

First day of last menstrual period \_\_\_\_\_

Ages menses started \_\_\_\_\_ Periods come how often \_\_\_\_\_

Cramping? \_\_\_\_\_ Regular? \_\_\_\_\_ Clots? \_\_\_\_\_

Date and result of last pap smear \_\_\_\_\_

History of abnormal pap smears? \_\_\_\_\_

Vaginal discharge? \_\_\_\_\_

Problems with sexual function? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

History of venereal disease? Herpes, condyloma or warts, AIDS, chlamydia, gonorrhea, syphilis, etc. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

OBSTETRICAL HISTORY:

Have you ever been pregnant? \_\_\_\_\_ How many times? \_\_\_\_\_

How many living children? \_\_\_\_\_ Had a miscarriage? \_\_\_\_\_

Have you ever had an abortion? \_\_\_\_\_

Have you had any complications with pregnancy or delivery? \_\_\_\_\_

\_\_\_\_\_

URINARY:

History of bladder infections? \_\_\_\_\_ Burning? \_\_\_\_\_ Frequency? \_\_\_\_\_ Urgency? \_\_\_\_\_