

A WOMAN'S PLACE
Obstetrics & Gynecology
Medical History

Patient Name: _____ **D.O.B.** _____ **Today's Date:** _____

Marital Status: (please circle) **Married** **Single** **Living w/partner** **Widowed** **Divorced**

Menstrual History: LMP: _____ **Age Started:** _____ **Duration:** _____ **days**

Date of last breast exam by a physician: _____

Date of last Mammogram: _____

Date of Last Colonoscopy: _____

Current Medications, Vitamins and Supplements (need dosage and how often):

Allergies: None Medication (reaction): _____

_____ **Other** (reaction): _____

Language: English Spanish Hebrew Russian Other _____

Race: American Indian or Alaskan Native Asian Black Hispanic
 Native Hawaiian Other Pacific Islander White Other

Ethnicity: Latino/Hispanic Non-Latino/Hispanic Jewish Other _____
 Not Reported/Refused

Social History (Please answer the following):

Alcohol? Current Past Never Age started: _____ Age stopped: _____
Frequency? _____ Ready to Change? Yes No

Smoke? Current Past Never Age started: _____ Age stopped: _____
Frequency? _____ Ready to Change? Yes No

Substance Abuse? Current Past Never Age started: _____ Age stopped: _____
Frequency? _____ Ready to Change? Yes No

Sexual History:

Sexually Active: Yes No First Active at Age: _____

Current Partners: _____ # of Lifetime Partners _____ Uses Condoms: Yes No

Method of Contraception: Abstinence BC Implant BC Patch BC Pill BC Shot
 Diaphragm IUD Vaginal Ring None Other: _____

History of Sexual Abuse: Yes No History of STD: Yes No

Self-Described Orientation: Heterosexual Homosexual Bisexual Transgender
 Other _____

Obstetrical History

(Must list all pregnancies and/or miscarriages in full)

No.	M/D/Y	Weeks at Delivery	Type of Delivery	Sex	Wt.	Anesthesia Type	Hours of Labor	Complications
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								

If more than 15, please continue on back

Procedures/Surgeries:

M/D/Y	Procedure	M/D/Y	Procedure

If you need more space, please continue on back

