



MEDICAL HISTORY UPDATE

Date: _____

Name: _____

Date of Birth: _____

Age: _____

Appointment Type: Annual / Well Woman Exam New Pregnancy Problem Visit

If you are here for a problem, please describe your chief reason for coming in today:

First day of last menstrual period: ___ / ___ / _____ Regular (every 21-35 days) Irregular
 Menopausal Hysterectomy Breastfeeding

Family Planning method: Natural Family Planning Oral contraceptives IUD Condoms
 Female sterilization Male sterilization None N/A Other: _____

Since your last visit:	YES	NO
Have you developed any new allergies?	<input type="checkbox"/>	<input type="checkbox"/>
Have you had any NEW medical problems, hospitalizations, or surgeries?	<input type="checkbox"/>	<input type="checkbox"/>
Have there been any NEW illnesses in your family members?	<input type="checkbox"/>	<input type="checkbox"/>
Have you experienced any NEW physical, psychological or sexual injury?	<input type="checkbox"/>	<input type="checkbox"/>
Are you a current or former smoker? If current, how many cigarettes daily? _____	<input type="checkbox"/>	<input type="checkbox"/>

Please check if you are currently experiencing any of the following symptoms:

CONSTITUTIONAL:

- Fatigue
- Fever
- Weight Gain
- Weight Loss

GASTROINTESTINAL:

- Constipation
- Dark/bloody stools
- Diarrhea
- Nausea/Vomiting

- Numbness
- Tremors

PSYCHIATRIC:

- Anxiety
- Depression
- Insomnia
- PMS/Mood Swings

HEENT:

- Change in hearing
- Nose bleeds
- Sore throat
- Worsening vision

REPRODUCTIVE

- Painful Intercourse
- Vaginal discharge
- Vaginal itching/burning

ENDOCRINE/HORMONAL:

- Excessive Thirst
- Hot flashes, night sweats
- Hot/Cold Intolerance

RESPIRATORY:

- Cough – productive or dry
- Shortness of Breath
- Wheezing

URINARY:

- Painful Urination
- Blood in Urine
- Urinary frequency
- Loss of urine with cough/sneeze

HEMATOLOGIC/LYMPHATIC:

- Easy Bruising
- Swollen Lymph Glands

CARDIOVASCULAR:

- Chest Pain
- Leg or ankle swelling
- Palpitations

MUSCULOSKELETAL:

- Back Pain
- Joint Pain, Stiffness, Swelling
- Weakness

SKIN:

- Dry skin
- Rash
- New/changing skin lesion
- Hair loss
- Excessive body/facial hair

BREAST:

- Breast Lump/Mass
- Breast Pain
- Nipple Discharge

NEUROLOGIC:

- Headaches (new onset)
- Memory Loss

OTHER:

- _____
- _____
- _____