

Date:

# Woman to Woman Gynecology

A-All Women Care

7908 W. Sahara Ave. Las Vegas, NV 89117

(702) 531-5400

Your Full Name: \_\_\_\_\_ AGE: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_ Was it normal? Yes No If No, please describe: \_\_\_\_\_

### Why are you here today?

What do you want to discuss with the doctor? \_\_\_\_\_

_____	Do you smoke? _____
_____	Do you drink? _____
_____	Do you use drugs? _____
_____	Profession? _____
_____	Single/Married/Widow/Relationship _____
_____	Sexual preference _____

### Current Medications

### Current Pharmacy

\_\_\_\_\_  
\_\_\_\_\_

### Gynecologic history: Circle what you currently have or had in the past

Infections: HIV infection

Cervix, Vagina: Chlamydia, Gonorrhea, Trichomonads, Vaginosis, PID, Syphilis, Herpes, Mycoplasma, Molluscum HPV infection, Dysplasia, Genital warts, Bleeding with Intercourse.

Uterus: Heavy periods, Irregular periods, Painful periods, Fibroids, Adenomyosis, Menopausal Bleeding

Ovaries: Ovarian cyst, Polycystic Ovary Syndrome

### Pregnancy History:

How many times have you been pregnant? \_\_\_\_\_ How many children do you have? \_\_\_\_\_

How many vaginal deliveries? \_\_\_\_\_ How many C-Section deliveries? \_\_\_\_\_

How many ectopic/tubal pregnancies? \_\_\_\_\_ How many miscarriages? \_\_\_\_\_

How many abortions? \_\_\_\_\_

### Pregnancy Problems:

RH Negative, Severe bleeding, Needing transfusions of blood or other clotting factors, Emergency care, Anemia, Diabetes Surgery, High Blood Pressure, Preeclampsia, Eclampsia, Clots in the legs or lungs (Deep venous thrombosis), Severe infection.

### Details:

### Contraception after pregnancy termination: What would you like?

Birth control pills, Depo Provera shot, Patch, Nuvaring, IUD Mirena, IUD Skyla, IUD Paragard, Nexplanon, Condoms, Diaphragm

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## General Health History: Do you have any of the following:

### Breast History:

Conditions: Fibrocystic changes, Fibroadenoma, Breast cysts, Nipple discharge, Mastitis, Breast lump  
Surgeries: Mastectomy, Lumpectomy  
Treatments: Radiation, Chemotherapy, Hormonal

### Blood and clotting:

Conditions: NONE, Abnormal clotting with easy bruising, Clotting deficiency, Anemia, Leukemia, Lymphoma  
Surgeries: NONE

### Neurological:

Conditions: NONE, Migraines, Seizures, Epilepsy, Weakness, Myasthenia Gravis  
Surgeries: NONE, Brain Surgery, Spinal surgery

### Eye:

Conditions: NONE Glaucoma, Macular degeneration, Cataracts  
Surgeries: NONE

### Ear, Nose, Throat, Neck:

Conditions: NONE  
Surgeries: NONE, Tonsillectomy, Adenoidectomy

### Cardiovascular:

Conditions: NONE, High blood pressure, Stroke, Heart disease, Varicosities, Blood clots of the legs or lungs (Deep Vein Thrombosis), Circulatory problems  
Surgeries: NONE, Angioplasty, Cardiac bypass surgery, Stent placement, Radiofrequency ablation Heart transplant, Carotid artery surgery, Varicose vein surgery

### Respiratory/ Lung:

Conditions: NONE, Asthma, Tuberculosis, Seasonal allergies, COPD  
Surgeries: NONE, Removal of lung, Bronchoscopy, Lung biopsy, Thoracotomy

### Genitourinary:

Conditions: NONE, Kidney disease, Urine retention, Urine Incontinence, Kidney stones, Bladder cancer, Kidney cancer  
Surgeries: NONE, Removal of Kidney, Kidney biopsy, Bladder MESH, Surgery to remove bladder Mesh, Ureteral stents, Lithotripsy

### Bowel, Liver, Gallbladder:

Conditions: NONE, Ulcerative colitis, Crohn's disease, Gastritis, GERD, Esophagitis, Ulcers, Bowel incontinence, Colonic polyps, Colon Cancer, Stomach cancer, H pylori infection, Hepatitis infection, Auto-immune hepatitis, Gallstones, Diverticulitis, Diverticulosis.  
Surgeries: NONE, Endoscopy, Colonoscopy, Cholecystectomy, Appendectomy, Liver biopsy, Liver resection, Bowel resection, Hemorrhoid banding

### Musculoskeletal:

Conditions: NONE, Fractures, Hernia, Osteoporosis, Osteopenia, Arthritis  
Surgeries: Hernia Repair, Knee or Hip Replacement, Fracture surgeries, Bunionectomy

### Endocrine:

Conditions: NONE, Diabetes, Low thyroid function, Hyper thyroid function, Thyroid cancer Multiple Endocrine Neoplasia, Adrenal disease, Cushing's syndrome.  
Surgeries: NONE, Thyroidectomy, Parathyroidectomy, Adrenalectomy

### Skin:

Conditions: NONE, Basal cell carcinoma, Melanoma, Psoriasis, Skin rashes  
Surgeries: NONE

### Psychiatric:

Conditions: NONE, Depression, Anxiety, Bipolar disorder, Attention deficit disorder

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## Family History

Has anyone in your family ever had the following, please list relation and their age of diagnosis if known?

- |   |  |
|---|--|
| <input type="checkbox"/> Breast Cancer _____            | <input type="checkbox"/> High blood pressure _____ |
| <input type="checkbox"/> Colon Cancer _____             | <input type="checkbox"/> Stroke _____              |
| <input type="checkbox"/> Ovarian Cancer _____           | <input type="checkbox"/> Heart disease _____       |
| <input type="checkbox"/> Endometrial Cancer _____       | <input type="checkbox"/> Thyroid disorder _____    |
| <input type="checkbox"/> Cervical Cancer _____          | <input type="checkbox"/> Addiction _____           |
| <input type="checkbox"/> Diabetes _____                 | <input type="checkbox"/> Seizures/Epilepsy _____   |
| <input type="checkbox"/> Other (please describe): _____ |  |

Are you **CURRENTLY** experiencing any of the following? (please **circle** those that apply)

- |                               |   |
|-------------------------------|---|
| <b>Neurological:</b>          | dizziness, numbness in arms or legs, trouble walking, other:  |
| <b>Eyes:</b>                  | double vision, spots before eyes, vision changes, other:  |
| <b>ENT/Mouth:</b>             | ear aches, ringing in ears, sinus problems, sore throat, mouth sores, other:  |
| <b>Cardiovascular:</b>        | swelling of the legs, chest pain, blood clots in legs or lungs, other:  |
| <b>Respiratory:</b>           | spitting up blood, shortness of breath, coughing, other:  |
| <b>Gastrointestinal:</b>      | diarrhea, constipation, nausea or vomiting, bowel trouble, blood in stool, black stools,<br>incontinence of stool, other:                       |
| <b>Genitourinary:</b>         | blood in urine, painful urination, frequent urination, painful intercourse, vaginal: discharge, odor,<br>or itching, urine incontinence, other: |
| <b>Musculoskeletal:</b>       | muscle pain, joint pain, muscle weakness, joint weakness, other:  |
| <b>Constitutional:</b>        | weight loss, weight gain, fatigue, fever, changes in appetite, difficulty sleeping, other:  |
| <b>Endocrine:</b>             | hot flashes, abnormal thirst, other:  |
| <b>Hematologic/Lymphatic:</b> | enlarged lymph nodes, continuous bleeding, bruising easily, other:  |
| <b>Psychiatric:</b>           | thoughts of suicide, frequent crying, depression, anxiety, other:   |

I have answered all the questions truthfully and I have not withheld any information that might affect my medical care.

Patient Name (Please print): \_\_\_\_\_

Signature of Patient: \_\_\_\_\_ Date: \_\_\_\_\_

Physician's Signature: \_\_\_\_\_ Date: \_\_\_\_\_