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? Routine Annual Visit with **NO** PROBLEMS PROBLEM VISIT

What do you want to discuss with the doctor? _____Mammogram date_____
_____DEXA Scan date_____
_____Colonoscopy date_____
_____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,
Cancer: Vulvar, Vaginal, Cervical, Uterine, Endometrial, Ovarian, Peritoneal, Fallopian Tube Cancer
Surgeries: Hysterectomy, Removal of either or both ovaries, Tubal ligation, Endometrial ablation, Ovarian cystectomy Laser of cervix, LEEP of cervix, Removal of warts, Vaginal Repair of Prolapse, Use of supporting MESH Surgery to repair complications from supporting vaginal MESH, Incontinence surgery.

Organ Prolapse:
Bladder prolapse, Uterine prolapse, Vaginal weakness, Rectal prolapse, Enterocele, Loss of Urine with coughing or laughing, Loss of Urine when standing, Waking up at night to empty bladder, Feeling the urge to urinate all the time, Inability to empty bladder completely, Inability to empty the bowel completely.

Sexual History: Are you sexually active? Yes, No What contraceptive do you use?_____
Pain with intercourse, Dryness and Lack of Lubrication, Inability to have Orgasm, No desire for intercourse, Lacking vaginal strength.

Hormonal Health History:
Are you experiencing any of these: Hot flashes, Night sweats, Memory Loss, Mood changes, Decreased Sexual Desire, Vaginal dryness, Osteoporosis, Frequent Fractures, Vitamin Deficiency, Weight Gain?

Pregnancy History:
How many times have you been pregnant? _____ How many ectopic/tubal pregnancies?_____
How many children do you have? _____ How many miscarriages?_____
How many vaginal deliveries?_____ How many abortions?_____
How many C-Section deliveries?_____

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

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

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,

Family History

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

- O Breast Cancer_____
- O Colon Cancer_____
- O Ovarian Cancer_____
- O Endometrial Cancer_____
- O Cervical Cancer_____
- O Diabetes_____
- O Other (please describe):_____
- O High blood pressure_____
- O Stroke_____
- O Heart disease_____
- O Thyroid disorder_____
- O Addiction_____
- O Seizures/Epilepsy_____

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

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