

Established Patient Update

In order for us to have the most comprehensive health history, if it has been more than 3 years since your last appointment, please ask for a new patient questionnaire

Name _____ Age _____

Current Medications/Supplements - Please list ALL CURRENT medications you take.

<u>Name</u>	<u>Dosage</u>	<u>Frequency</u>	<u>Rx or Over the Counter</u>

New Health Issues, Surgeries or Hospitalizations: **No New Issues**

Allergies to medications or latex? (Please list name and reaction): **No known medical allergies**

Gynecological Update Hysterectomy (no need to answer questions re: period)

Date of LMP (first day of last period) _____ Are your periods regular? No Yes

Average number of days between each period (ex: 28 days) _____ How many days of flow _____

Average blood loss: light normal heavy Cramps?: No Mild Moderate

Severe

Current Birth Control Method _____

Are you currently sexually active? No Yes

Does your sexual partner have any illnesses or STD's? No Yes (explain) _____

New family history of cancer or other health issues (since your last annual exam): **No New History** (Maternal? Paternal? Age at diagnosis?)

Breast <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Uterine <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Ovarian <input type="checkbox"/> No <input type="checkbox"/> Yes _____	Colon <input type="checkbox"/> No <input type="checkbox"/> Yes _____
Other: _____	

Social History

Marital Status: Single Married Separated Divorced Occupation: _____

Smoke No Yes (how much) _____ Do you drink alcohol? No Yes (how much) _____

Recreational drug use? No Yes(explain) _____

Any changes in your personal relationships? No Yes (explain) _____

Do you feel safe in your current relationship? Yes No (explain) _____

Are you fasting today? No Yes When did you last eat? _____

Thank You

Office Use Only	BP WT Last Pap	Last Mammo Last Colonoscopy Last Dexa
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