

## 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.

Name \_\_\_\_\_ Dosage \_\_\_\_\_ Frequency \_\_\_\_\_ Rx or Over the Counter \_\_\_\_\_

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

**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  No  Yes \_\_\_\_\_ Uterine  No  Yes \_\_\_\_\_

Ovarian  No  Yes \_\_\_\_\_ Colon  No  Yes \_\_\_\_\_

Other: \_\_\_\_\_

**Social History**

Marital Status:  Single  Married  Separated  Divorced  Widowed

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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