

Women's Health History

What was your age at the start of menstruation? _____

When was your last period? _____ How long did it last? _____

How many days between periods? _____ Is your cycle irregular? _____

Do you use pads or tampons? _____ How many on heaviest day? _____

Do you get menstrual cramps or other problems? _____

Premenstrual warning symptoms before your period: (Grade intensity, 1 = mild 2 = moderate 3 = severe)

_____ Breast Tenderness _____ Bloating _____ Headache _____ Cramping _____ Low Back Pain

_____ Mood Changes _____ Constipation _____ Skin _____ Diarrhea _____ Appetite Changes

_____ Other: _____

Do the above premenstrual symptoms get better with your period flow? _____

Do you have any vaginal discharge or irritation? _____

Do you have recurring vaginal or bladder infections? _____

Have you ever had gynecological or breast surgery? _____

Breast Problems: Discharge Tenderness Swelling Change in size

Did you breast-feed your babies? _____ How long? _____

Do you have a problem or past history of herpes, venereal warts, or venereal disease? _____

When was your last pap test? _____ Last mammogram? _____

Do you have hot flashes or night sweats? _____

Any questions or problems concerning sex? No Yes Any pain or discomfort with sexual intercourse? No Yes

Current Method of Birth Control:

Not applicable, partner has had vasectomy / is otherwise sterile, or is female

Not applicable due to Tubal Ligation Hysterectomy Other _____

None IUD Diaphragm Condoms Foam

Pill (Name: _____ # of years taken _____)

Previous Method of Birth Control:

Not applicable, partner has had vasectomy / is otherwise sterile, or is female

Not applicable due to Tubal Ligation Hysterectomy Other _____

None IUD Diaphragm Condoms Foam

Pill (Name: _____ # of years taken _____)

Please complete information below concerning your pregnancies:

Times pregnant _____ Living Children _____ Miscarriages _____ Abortions _____ Premature Births _____

How old were you during your first pregnancy? _____

No.	Born Month/Year	Weight at Birth	Sex	Length of Pregnancy	Delivery Type	Complications - Describe if any
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1 _____

2 _____

3 _____