

PATIENT HISTORY INFORMATION

Patient or responsible party, please complete information below. Please print in black ink!

Name: _____ Date: _____

Age: _____ Date of Birth: _____ Last Pap Smear: _____

Are you currently under the care of any other physicians? No Yes (Who?) _____

Are you allergic to any medications? Yes No (What?) _____

Are you currently taking any medications on a regular basis? No Yes (What?) _____

Do you have religious beliefs that prevent you from accepting blood products? No Yes

(Optional) What, if any, is your religious preference? _____

Have you ever been put to sleep? No Yes Had a reaction to anesthesia? No Yes

Have you ever had an epidural or spinal anesthesia? No Yes

Have you ever had a mammogram? No Yes (When?) _____ Normal? No Yes

Do you presently take any type of birth control? No Yes (What?) _____

Do you have frequent urinary tract infections? No Yes

Do you have trouble holding your urine when you run, cough, or sneeze? No Yes

Do you have any history of:

Cancer:	No	Yes	(type and when?) _____
Kidney Disease	No	Yes	(when?) _____
Tuberculosis	No	Yes	(when?) _____
Bleeding Problems	No	Yes	(explain) _____
Asthma	No	Yes	(when?) _____
Rheumatic Fever	No	Yes	(when?) _____
Heart Problems	No	Yes	(what type?) _____
High Blood Pressure	No	Yes	(how long?) _____
Heart Murmur	No	Yes	(when?) _____
Back Injuries	No	Yes	(when?) _____
Diabetes	No	Yes	(how long?) _____
Thyroid Disease	No	Yes	(explain) _____
Epilepsy	No	Yes	(explain) _____
Phlebitis	No	Yes	(explain) _____
Hepatitis	No	Yes	(explain) _____

Pregnancy History:

Total Number of Pregnancies: _____
Full Term Deliveries _____ Preterm Deliveries (under 38 weeks) _____
Ectopic (tubal) pregnancies: _____ Miscarriages: _____ Abortions: _____
Stillborns: _____ Current number of children: _____
Any complications with previous pregnancies?
Hypertension: _____ Diabetes: _____ Toxemia: _____ Preterm labor: _____
Excessive blood loss: _____ Blood transfusions: _____ Other Problem: _____

Reason(s) for today's visit: _____

Primary Care/Other Physicians who need copies of lab results and notes etc: _____