

Patient Name: _____



Women's Pelvic Specialty Care
of New Mexico, LLC

Date of Birth: _____

PATIENT HISTORY/SELF ASSESSMENT

Date of visit: _____

Primary Care Provider: _____

Your age: _____

Reason for visit: _____

ALLERGIES and Adverse Drug Reactions (Describe reaction if known): None

MEDICATIONS currently taking: None _____

SURGERIES you have had: _____

FAMILY HEALTH HISTORY - Has anyone in your family had any of the following?

- Breast Cancer Diabetes Heart disease Stroke
- Ovarian Cancer Colon Cancer High cholesterol

HEALTH HISTORY - do you currently have or have you ever had any of the following?

- Blood clots Cancer Abnormal pap smear Migraine headaches
- High blood pressure Diabetes Breast problems Severe depression
- Pelvic inflammatory disease Heart disease Thyroid Problem
- Stroke or heart attack Other _____

GYNECOLOGICAL HISTORY - Age at first menstrual period: _____ **Menopausal:** No Yes - how long? _____

First day of last period: _____ **Frequency of periods:** _____

Number of pregnancies: _____ **Miscarriages / Abortions:** _____ **Ages of children:** _____

Method of contraception: _____ **How long?** _____

Problems with this method? No Yes - describe _____

Have you ever had Gonorrhea, Chlamydia, or any other sexually transmitted diseases? No Yes

Last Pap Smear - approximate date: _____ **Results:** Normal Abnormal

Have you ever had a **Mammogram**? No Yes - approximate date: _____ **Results:** Normal Abnormal

SOCIAL HISTORY **Relationship Status:** Single Spouse/partner Widowed

Sexual Activity: Not currently sexually active Sexually active with: Male Female Both

Occupation: _____

Do you drink alcohol? No Yes - Type: _____ Frequency: _____

Do you smoke? No Yes # per day: _____ Years: _____ Quit-date: _____

Do you use recreational drugs? No Yes Type: _____ Frequency: _____

Do you have any concerns or questions that you would like to discuss at this visit? No Yes - Describe: _____

The information provided above is accurate to the best of my knowledge.

Patient signature: _____