

**Dothan OBGYN** (v.111511.2)

**Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Patient History**

Please complete the following form to the best of your knowledge.

**Mark reason for visit today:**

- Screening Health Exam and Pap smear (Annual Exam)
- Pre-operative appointment
- Post-operative appointment
- Pregnancy – initial prenatal care appointment
- Problem visit or other reason:

\_\_\_\_\_  
\_\_\_\_\_  
**Past Medical History, (personal)**

- No Medical Problems to report
- Abnormal pap smear - **Date of last pap smear and result:** \_\_\_\_\_
- Cancer **Date of last mammogram and result:** \_\_\_\_\_
- Diabetes
- Endocrine disorder (or related disease)
- Heart Disease
- Hypertension (Blood pressure disorder)
- Infection (sexually transmitted or other)
- Kidney Disease (or related urologic disorder)
- Liver Disease (or related disorder)

Explain: \_\_\_\_\_  
\_\_\_\_\_

**Past Surgical History, (personal)**

- No Surgeries to report
- Hysterectomy
- Appendectomy (appendix removed)
- Cholecystectomy (gall bladder removed)
- Eye/Ear Surgery
- Heart Surgery
- Hernia Repair
- Joint Surgery
- Kidney Surgery
- Neck/Back Surgery
- Oral Surgery
- Sinus Surgery
- Tubal Ligation Surgery
- Other

Explain: \_\_\_\_\_

**Medications List**

- No Medication(s) to report
- Blood pressure medication(s)
- Diabetes medication(s)
- Seizure medication(s)
- Other medication(s)

Please write names and doses of medication(s) to the best of your knowledge.

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**Allergy List**

- No known allergies
- Penicillin
- Sulfur drugs
- Latex
- Iodine
- Shell fish
- IVP Dye
- Other

Explain:

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**Family History**

- No Family Medical Diseases to report
- Cancer
- Diabetes
- Endocrine Disorder(s)
- Heart Disease
- Hypertension (Blood pressure disorder)
- Kidney Disease (or related disorder)
- Liver Disease (or related disorder)
- Known Genetic Disease(s)
- Other

Explain:

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**Reproductive History**

**Menstrual**

- Stopped periods     Pregnant     Unknown cause     Menopausal

Date of Last Menstrual Period? - \_\_\_\_\_

Age when period started? - \_\_\_\_\_

Menstrual flow:  heavy     medium     light

Current birth control method -  pills     tubal ligation     other \_\_\_\_\_

**Reproductive History (continued)**

If you are having periods:  regular periods  irregular periods

How long does period bleeding last? - \_\_\_\_\_

How many days from the start of a period to the start of the next period? - \_\_\_\_\_

Explain:

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**Pregnancy History**

Pregnancy Summary

Total Preg	Full Term	Premature	Abortions	Miscarriages	Ectopics	Twin Preg	Living Children

Pregnancy Details

Number	Date	Gest Age	Hrs in Labor	Birth Wt	Sex	Del type	Anesth	Com/Complications	St
Example	2/15/2011	38 wks	12 hrs	7 lbs	M	Vag	epid	blood pressure problems	AL
1									
2									
3									
4									
5									
6									

**Social History**

Marital Status

Married  Divorced  Engaged  Separated  Single  Widowed

Substance Use

No Alcohol  No Tobacco  No Drug Use  
 Yes Alcohol \_\_\_\_\_  Yes Tobacco \_\_\_\_\_  Yes Drugs \_\_\_\_\_

Education (mark highest level achieved)

- No formal education
  - Elementary School
  - Middle School
  - High School
  - GED
  - College, 2 year degree
  - College, 4 year degree
  - Masters Degree
  - Doctorate Degree
  - Other
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Occupation

- Disabled
- Employed
- Homemaker
- Military Service
- Retired
- Student
- Unemployed
- Other

Explain

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Exercise Level

- heavy       moderate       low       minimal       none       sedentary

Domestic Violence

- No issues
- Need to discuss with provider

Religion

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Sexual History (indicated for risk assessment)

- one life time partner
- never had sex
- less than 5 lifetime partners
- 5 or more lifetime partners

Age of first sexual intercourse - \_\_\_\_\_

**Review of Systems:**

Mark the following you have had in the **past 30 days**:

Constitutional:  fatigue,  fever,  chills.

Eyes:  blurred vision

Ears:  ear pain,  discharge,  tinnitus,  hearing difficulty.

HENT:  headaches,  lightheadedness,  sinus congestion/discharge,  sore throat.

Breast:  lumps,  tenderness,  nipple discharge.

Cardio:  chest pains

Respiratory:  shortness of breath,  cough

Gastro:  nausea,  vomiting,  diarrhea,  constipation,  blood in stool.

Genitourinary:  urgency,  frequency,  incontinence

Integument:  rash,  itching.

Neurological:  tingling or numbness

Musculoskeletal:  joint pain.

Endocrine:  weight change,  cold intolerance.

Psychiatric:  anxiety,  depression,  difficulty sleeping.

Heme-Lymph:  easy bleeding,  easy bruising.

Allergic-Immun:  sinus allergy symptoms.  
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Other needs to discuss:

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Thank you for completing this review.