



Interval Gynecological History

Print Name _____ Date of Birth _____ Date _____

1. What is the reason for your visit today? _____
2. Any medication allergies? _____
3. Current medications: _____
4. List any current non-prescription or street drugs: _____
5. Do you drink alcohol? ----- Y N Type _____ Daily amount _____
6. Do you smoke?----- Y N Daily amount _____
7. How much caffeine do you consume on a daily basis? _____
8. Please indicate your present method of birth control: _____
9. Are you currently pregnant?-----Y N Maybe
10. What was the first day of your last menstrual period? _____
11. Have you noticed anything different about your periods? _____
12. How long is it between the start of one period and the start of the next? _____ Length of period _____
13. Write in the number and size of tampons and/or pads that you use on your "heaviest" day: _____ tampons _____ pads
14. Do you skip periods?----- Y N
15. During or between periods, do you have pains and/or pressure in your lower back, abdomen or pelvis?----- Y N
If so, please describe: _____
16. Have you had any spotting and/or bleeding between periods?----- Y N
If so, please describe: _____
17. Have you noticed any unusual vaginal odor, discharge or itching?----- Y N
If so, how long has this been happening? _____ What have you tried to relieve the symptoms? _____
Describe the problem: _____
18. Do you have any problems with urine leakage?----- Y N
19. Are you sexually active? Y N Are you worried you might have a sexually transmitted disease? Y N
20. Do you have pain with intercourse?----- Y N
If so, please describe: _____
21. Do you examine your breast? Y N Do you have any discharge from your breasts? Y N
Describe any concerns and/or changes: _____
22. When was your last Mammogram? _____
23. Since your last visit, have you or anyone in your family had any recent operations, serious illnesses or injuries? Y N
If so, please describe: _____
24. Are there any other gynecologic or non-gynecologic problems you would like to discuss with me?----- Y N
If so, please list: _____