Friendswood Women

Obstetrics & Gynecology

Medical Information Form

Patient: Today's Date:
Date of Birth:

Have you ever had any of the following?

___High blood pressure
___Asthma
___Heart murmur
___Gastric Reflux Disease
___Kidney failure
___Cancer
___Diabetes
___COPD
___Chronic Heart Failure
___Irritable Bowel Syndrome
___Glaucoma
___Mental health problems

Please list any other medical problems that you have that were not included above:

Have you ever had surgery? If yes, please explain below.

Type of surgery	Approximate date

Please list any medications that you take:

Are you allergic to any medications?

Do you smoke? How many packs per day?
Do you drink alcohol? How many drinks per week?
Have you ever done any illicit drugs?

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Do you exercise regularly? How often?
Do you have any special dietary needs?
What is your daily caffeine intake?
What is your occupation?
Are you married or single?
Are you heterosexual, homosexual, or bisexual?

Does anyone in your family have any of the following?

___High blood pressure
___Asthma
___Heart murmur
___Gastric Reflux Disease
___Kidney failure
___Breast Cancer
___Endometrial (Uterine) Cancer
___Multiple colon polyps
___Diabetes
___COPD
___Chronic Heart Failure
___Irritable Bowel Syndrome
___Glaucoma
___Ovarian Cancer
___Colon Cancer
___Other cancer

Have you received your HPV vaccine series?

When was your last menstrual period?
How old were you when you started your period?
How often does your period come?
How long does your period last?
If you are menopausal, how old were you when your period stopped?
When was your last pap smear? Have you ever had an abnormal pap?
When was your last mammogram? Have you ever had an abnormal mammo?
Have you had a bone density test? When was the last one?
Have you had a colonoscopy? When was the last one?

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What is your current method of birth control? Circle one
None Condoms Pills Device Seeking pregnancy Other

Have you ever had any sexually transmitted infections?

How many times have you been pregnant?

Do you have a medical power of attorney?
Do you have a living will?

Do you have any religious preferences that would prohibit you from receiving a blood transfusion?

Briefly describe the reason for your visit today:

How did you hear about us?