Patient Medical History - Urogynecology

Foday's Date: First Name/ Date of Birth/		MI ame of Pi	La rimary C	ıst Name are Physician	:		
			Medica				
Please list all medicatio	on or treatments voi				-the-counter or herba	al drugs.	
Medicati			osage	Frequency		ason	
1	10112		0548	1 201			
2							
3							
4							
5							
6							
7							
			Allergio	e <u>s</u>			
Iodine or seafood Ye Peanuts Yes_	es No	L	atex	Yes	No		
	No	Spec	cify Medic	ations			
		<u>S</u>	ocial His	<u>story</u>			
Alcohol Never	Yes	what.	when, and	1 how much			
	Yes						
	Yes	what	1				
	105	wnat,	, wnen, and	l how much			
Exercise Never	Yes						
Exercise Never	Yes	what	, when, and				
Exercise Never Please answer yes/no to	Yes	what Past tions. Spe	, when, and Medica	d how much al History es answers in fo	urther detail below.		
Exercise Never Please answer yes/no to Condition	Yes	what,	, when, and Medica	d how muchal History es answers in fo	nrther detail below. Condition		No
Please answer yes/no to Condition Thyroid Disease	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in fo	nrther detail below. Condition		No
Please answer yes/no to Condition Thyroid Disease Heart Disease	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in fu Kidney/Blade Diabetes	nrther detail below. Condition ler Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I	nrther detail below. Condition ler Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychologica	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Bladd Diabetes Gallbladder I Cancer Psychologica Liver Disease	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychologica Liver Disease Gastrointestin	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychologica Liver Disease Gastrointestin Rectal	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychologica Liver Disease Gastrointestin Rectal Neurological	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection	Yes	what Past tions. Spe	, when, and Medica cify any year	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychologica Liver Disease Gastrointestin Rectal Neurological	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence	Yes	what, Past tions. Spe Yes	, when, and	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune Musculoskele	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence Pelvis Organs Falling Please list all major sur	the following ques	Past tions. Spe Yes Past tions Past Yes	st surgic	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune	Disease le diseas		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence Pelvis Organs Falling	o the following ques	Past tions. Spe Yes Past tions Past Yes	st surgic	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune Musculoskele	nrther detail below. Condition ler Disease Disease		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence Pelvis Organs Falling Please list all major sur	the following ques	Past tions. Spe Yes Past tions Past Yes	st surgic	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune Musculoskele	Disease le diseas		No
Please answer yes/no to Condition Thyroid Disease Heart Disease Hypertension Lung Disease Anemia Blood Transfusions Blood clots, phlebitis Migraine Headaches Urinary Tract Infection Urinary Incontinence Pelvis Organs Falling Please list all major sur	the following ques	Past tions. Spe Yes Past tions Past Yes	st surgic	al History es answers in form Kidney/Blade Diabetes Gallbladder I Cancer Psychological Liver Disease Gastrointestin Rectal Neurological Autoimmune Musculoskele	Disease le diseas		No

Please be aware that it is the policy of Northwest OB-Gyn Physicians to <u>not</u> withhold blood products if it may be required to save the life of the patient.

Family Medical History

Medical Problems	Mom	Dad S	Sibling	Maternal Grandpa	Maternal Grandma	Paternal Grandpa	Paternal Grandma	Mat Aunt	Mat Uncle	Pat Aunt	Pat Uncle	Child
Heart Disease												
Diabetes												
Hypertension												
High Cholesterol												
Stroke												
Neurologic Disorder												
Bleeding / Clotting												
Disorders												
Cancer												
- Breast												
- Uterine												
- Ovarian												
- Cervical												
- Colon												
Thyroid Disease							1					
Kidney Disease							†		<u> </u>			
Liver Disease												
Endocrine							1					
Psychologic Disorder							+		<u> </u>		1	
Autoimmune/							1		 			
Rheumatologic Disorders												
Other Genetic Disorders												
Birth Defect												
Pelvic relaxation/prolapse												
What ethnicity □Asian/Pacific				American/A	Alaskan Na	tive 🗆	White Other	□Black	/African	America	n 🗆	lHispani
□Asian/Pacifio	SIslander	ΠN	Native A	American/A	Alaskan Na t etrical H	tive □ <u>[istory</u>						Hispani
	: Islander regnancie	□N es have	Native A	American/A	Alaskan Na t etrical H	tive □ <u>[istory</u>	Other them all a		outcome	of each		Hispani
□Asian/Pacifio How many p	: Islander regnancie	es have	Native A	American/A Obst ad?	Alaskan Na tetrical H	tive Listory Please list	Other them all a	nd the o	outcome	of each	below.	Hispani
☐ Asian/Pacific How many p ☐ Date ☐ Gestational	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex	Alaskan Na t etrical H Birth	tive □ Listory Please list Place	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4.	regnancie Length	es have	Native A you h ype of	American/A Obst ad? Sex M/F	Alaskan Na tetrical H Birth weight	Iistory Please list Place Birt	Other them all a	nd the o	outcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4.	regnancie Length of labor	es have Ty de	You h	American/A Obst ad? Sex M/F	Alaskan Na tetrical H	Iistory Please list Place Birt	Other them all a	nd the o	outcome	of each Com	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4. 5.	regnancie Length of labor	es have Ty del	You h	American/A Obst ad? Sex M/F	Alaskan Na tetrical H	Iistory Please list Place Birt History	Other them all a of h	nd the o	putcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did	regnancie Length of labor d you start lenstrual Pe	es have Ty de	You h	American/A Obst ad? Sex M/F	Alaskan Na tetrical H	Iistory Please list Place Birt History W	Other them all a of h	Period D	putcome	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M	regnancie Length of labor d you start lenstrual Pe	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno	Alaskan Na tetrical H	Iistory Please list Place Birt History W D	Other them all a of h What is your Date of last H	Period Dap	puration _	of each	below.	Hispani
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M Date of Prior M	regnancie Length of labor d you start lenstrual Pe	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H	Iistory Please list Place Birt History W D	Other them all a of h What is your Date of last I hate of last N	Period Dap	puration _	of each	below.	No
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M Date of Prior M Do you have R	regnancie Length of labor d you start lenstrual Pe	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H Birth weight ecologic	Iistory Please list Place Birt History U	other them all a of h Vhat is your Date of last I ate of last B	Period Dap_Mammogra	puration _	of each	below.	
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M Date of Prior M Do you have R Condition Painful Periods	regnancie Length of labor d you start lenstrual Peregular Perie	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H P Birth weight ecologic	Iistory Please list Place Birt History W D D Problem wi	What is your Date of last Mate of last E	Period Dap_Mammograsone Scar	puration _	of each	below.	
How many p Date Gestational weeks 1.	regnancie Length of labor d you start lenstrual Peregular Perie	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H P Birth weight ecologic	History Problem wi	other them all a of h What is your Date of last I ate of last E ate of last E	Period Dap_Mammograsone Scar	puration _	of each	below.	
How many p Date Gestational weeks 1.	regnancie Length of labor d you start lenstrual Peregular Period	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H P Birth weight ecologic	History Problem wind Breast disc. Infertility	Vhat is your Date of last Mate of last Extendible Condition (ath intercounts)	Period Dap_Mammograsone Scar	puration _	of each	below.	
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M Date of Prior M Do you have R Condition Painful Periods Other Symptoms during a Heavy Bleeding Bleeding between cycles	d you start lenstrual Peregular Period	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H Birth weight ecologic	History Problem wing Breast discontinuous Infertility Birth Control	Vhat is your pate of last I tate of last E Condition thintercountarge/ tender to last I tate of	Period Dop_Mammogra Sone Scar	puration _	of each	below.	
How many p Date Gestational weeks 1. 2. 3. 4. 5. At what age did Date of Last M Date of Prior M Do you have R Condition Painful Periods	d you start lenstrual Peregular Period	es have Ty del	you hype of elivery	American/A Obst ad? Sex M/F Gyno ? n?	Alaskan Na tetrical H Birth weight ecologic	History Problem wing Breast discontinuous Infertility Birth Control	Vhat is your pate of last I tate of last E Condition that get tended to last I tate of last E Condition that get tended to last I tate of las	Period Dop_Mammogra Sone Scar	puration _	of each	below.	

Pelvic relaxation/prolapse

Other gynecologic issues

Date

History of abnormal Pap Smears

Sexually active