



Name: _____ Age: _____ Date of Birth: _____

What is the main reason for your visit today? _____

Who is your current employer? _____

PAST SURGICAL HISTORY

Have you had any of the following surgeries?

Gallbladder Y / N Date _____

Appendix Y / N Date _____

Breast Y / N Date _____

Tubal ligation Y / N Date _____

Hysterectomy Y / N Date _____

Bladder repair Y / N Date _____

C-section Y / N Date _____

Other (please list) _____

ACTIVE PROBLEMS

Do you have any of the following?

High Blood Pressure Y / N

Diabetes Y / N

Depression Y / N

Heart Disease Y / N

Other (please list) _____

ALLERGIES

Do you have any allergies? (please list) _____

FAMILY HISTORY

List any blood relatives who have ever had any of the following:

Please be specific (ex. Mother, Father, Siblings, etc.)

High Blood Pressure Y / N Relationship M / F _____

Diabetes Y / N Relationship M / F _____

Heart Disease Y / N Relationship M / F _____

Stroke Y / N Relationship M / F _____

Breast Cancer Y / N Relationship M / F _____

Uterine Cancer Y / N Relationship M / F _____

Ovarian Cancer Y / N Relationship M / F _____

Colon Cancer Y / N Relationship M / F _____

Osteoporosis Y / N Relationship M / F _____

Alcohol/drug problem Y / N Relationship M / F _____

Abuse/violence Y / N Relationship M / F _____

Other (please list) _____

SOCIAL HISTORY

Have you ever smoked? Y / N Packs per day? _____

Do you drink alcohol? Y / N

If yes, how much per week? _____

Do you drink caffeine? Y / N

If yes, how much per day? _____

Do you use street drugs? Y / N

If yes, frequency and type? _____

What is your marital status? _____ Married (how long? _____)

_____ Single _____ Long-term relationship (how long? _____)

_____ Widowed _____ Divorced _____ Separated

Have you traveled outside of the US in the last 6 months? Y / N

If yes, where? _____

GYNECOLOGICAL HISTORY:

How many times have you been pregnant? _____ How many children do you have? _____

Vaginal deliveries: _____ C-sections: _____ Miscarriages/Abortions: _____

Are you currently sexually active? _____ Yes _____ No With? (please circle) Male Female Both

Have you had 5 or more sexual partners in your lifetime? Y / N

Have you ever had a sexually transmitted disease? Y / N

Do you need to be checked for any sexually transmitted diseases today? Y / N

Do you currently use birth control? Y / N If yes, what type? _____

What was the first day of your last period? _____ Age at onset? _____

How often do you have your period? _____ How many days does your period last? _____

What is your menses flow? Spotting Normal Heavy/Clotting

Do you experience any of the following with your period? Cramping Back Pain Headache Other _____

Have you ever had an abnormal Pap Smear? Y / N If yes, results? _____

Have you ever had a treatment to your cervix? Y / N If yes, what and when? _____

Have you ever had an abnormal mammogram? Y / N If yes, when? _____

What were the results? _____

Do you check your breasts for lumps? Y / N How often? _____ If not, do you know how? _____

Do you exercise regularly? Y / N

If yes, what type of exercise do you do and how often? _____

HEALTH MAINTENANCE:

Please give the last known date of:

Your last physical: _____ Eye Exam: _____

Mammogram: _____ Bone Density Scan: _____

Colonoscopy: _____ Pap Smear: _____

Stool exam for blood: _____ Blood Lab Work: _____

Lipid Testing: _____

IMMUNIZATIONS:

Please give the last known date of:

Tetanus: _____ Pneumovax: _____ Prevnar 13: _____ Flu: _____

Menactra/Meningitis: _____ Gardasil: _____ Hepatitis B: _____ Zostavax/Shingles: _____

DIAGNOSTIC TESTING: (MRI, CT scan, ultrasound, etc. and date) _____

CURRENT MEDICATIONS: (please include over the counter and herbal products)

Medication	Strength	Doses per day	Diagnosis

Please list anything else you would like us to know about your medical situation: _____

THE IMPERIAL WOMEN PLEDGE

- I promise not to use Google in place of medical care.
- I promise to take better care of myself so I can be the best version of ME.
- I promise to eat healthier, exercise regularly, and not worry about the little things.
- I promise to laugh, smile, and have fun in life!

Thank you for allowing us to help you be the best you can be!