05-07

	Y	N	
1.	☐	☒	Are you allergic to any medications? ☐ Tetracycline ☐ Doxycycline ☐ Penicillin ☐ Metal ☐ Aspirin ☐ Iodine ☐ Sulfa ☐ Novocaine ☐ Other
2.	☐	☒	Are you taking any prescription or nonprescription drugs? List
3.	☐	☒	Are you taking any herbal remedies? List
4.	☐	☒	Do you take street drugs? Is so, list
5.	☐	☒	Have you ever used IV drugs? If so, when ____ What type ____
6.	☐	☒	Do you smoke cigarettes? If so, # of cigarettes per day ____ How long ____
7.	☐	☒	Do you drink alcohol? If so, # of drinks per day ____ or # of drinks per week ____
8.	☐	☒	Do you consider yourself to have (had) a problem with drugs or alcohol? Please explain
9.	☐	☒	Have you ever been hit, slapped, or physically hurt by someone? Who
10.	☒	☐	Are you currently sexually active?
11.	☐	☐	If you have intercourse at what age did you begin having intercourse? 18
12.	☐	☐	Number of sex partners in last 6 months? 1 ☒ Male ☐ Female ☐ Both
13.	☐	☐	How often do you use condoms? ☐ Always ☒ Sometimes ☐ Never
14.	☐	☒	Have you ever been forced to engage in sex against your will?
15.	☐	☐	What questions do you have about sex?

NKDA

MEDICAL HISTORY Have you ever had any of the following?

	Y	N		Y	N		Y	N	
1.	☐	☒	Visual problems (not glasses)	13.	☐	☒	Bleeding tendency	25.	☐	☒	High cholesterol/blood f
2.	☐	☒	Epilepsy (Seizures)	14.	☐	☒	Varicose veins	26.	☐	☒	Obesity
3.	☐	☒	Severe headaches	15.	☐	☒	Cancer	27.	☐	☒	Gastro-intestinal disord
4.	☐	☒	Migraine headaches (MD diagnosed)	16.	☐	☒	Hepatitis/Jaundice	28.	☐	☒	Genito-urinary disorder
5.	☐	☒	Stroke	17.	☐	☒	Gall bladder disease	29.	☐	☒	Breast surgery
6.	☐	☒	Coma	18.	☐	☒	Mononucleosis	30.	☐	☒	Kidney disease/infectio
7.	☐	☒	Thyroid disease	19.	☐	☒	Pulmonary embolus (blood clot)	31.	☐	☒	3 or more bladder infec
8.	☐	☒	Breast lump	20.	☐	☒	Pulmonary disease	32.	☐	☒	Blood clots in the legs
9	☒	☐	Asthma	21.	☐	☒	Heart murmur	33.	☐	☒	Suicide attempt
10.	☐	☒	Uterine abnormalities	22.	☐	☒	Heart disease	34.	☐	☒	Severe depression
11.	☐	☒	Diabetes	23.	☐	☒	Mitral valve prolapse	35.	☐	☒	Psychiatric problems
12.	☐	☒	Anemia	24.	☐	☒	High blood pressure	36.	☐	☒	Other major illness

4. Albuterol p.r.n.

GYNECOLOGICAL HISOTRY Have you had any of the following?

	Y	N		Y	N		Y	N	
37.	☐	☒	Abnormal Pap smear	42.	☐	☒	Infertility	46.	☐	☒	Syphilis
38.	☐	☒	Gynecological surgery or procedure	43.	☐	☒	Frequent vaginal infections	47.	☐	☒	Genital warts
39.	☐	☒	Pelvic tumors/fibroids	44.	☐	☒	Chlamydia	48.	☐	☒	Herpes
40.	☐	☒	Infected tubes or uterus (PID)	45.	☐	☒	Gonorrhea	49.	☐	☒	HIV/AIDS
41.	☐	☒	Date of last Pap smear Never Result: ☐ Normal ☐ Abnormal								

41. Advised yrly paps

FAMILY HISTORY Were you adopted? ☐ Y ☒ N If yes, skip this section.

Have your parents, brothers or sisters had any of the following? If yes, who?

	Y	N		Who		Y	N		Who
	☐	☒	Diabetes			☐	☒	High blood pressure	
	☐	☒	Stroke			☐	☒	Breast cancer	
	☐	☒	Heart attack			☐	☒	Cancer of cervix, uterus and or/or ovary	
	☐	☒	Did either parent die before the age of 50?			☐	☒	Sickle cell/hereditary diseases	
	☐	☒	When your mother was pregnant with you did she have any problems?						
	☐	☒	Did she take DES to prevent miscarriage?						

Patient Signature Carrie Dow Date 5/8/03

Staff Signature L. Moretta Date 5/8/03