

Name: Sandra Dew Birthdate: _____

HABITS & LIFESTYLE: although these questions are personal, they are important to your healthcare. If you prefer, you can talk to your clinician about them.

Staff use only
comments, updates:

- Y N
1. ☒ ☐ Do you smoke cigarettes? If so, # of cigarettes/day: _____ For how long? _____
 2. ☒ ☐ Do you drink alcohol? If so, # drinks/day: _____ or, # drinks/week _____
 3. ☒ ☐ Do you take street drugs? If so, list: _____
 4. ☒ ☐ Do you think you have (had) a problem with drugs or alcohol?
 5. ☒ ☐ Are you working?
 6. ☒ ☐ Is your diet (what you eat) healthy?
 7. ☒ ☐ Do you ever make yourself vomit after you eat or take laxatives to lose weight?
 8. ☒ ☐ Do you exercise? What type? running How many times a week? couple
 9. ☐ ☐ If you have intercourse, at what age did you first have intercourse? _____
 10. ☒ ☐ Have you had sex with another person in recent months? Check all that apply:
☒ Vaginal ☐ Anal ☒ Oral ☐ Other: _____
 11. ☒ ☐ Have you had more than one partner or a new partner in the last year?
 12. ☒ ☐ Do you have sex with men?
 13. ☒ ☐ Do you have sex with women?
 14. ☐ ☐ How often do you use condoms? ☒ Always ☐ Usually ☐ Sometimes ☐ Never
 15. ☒ ☐ Does your partner have other sexual partner(s) or share needles?
 16. ☒ ☐ Are you now, or have you ever been, in a relationship where you were threatened or made to feel afraid?
 17. ☒ ☐ Have you ever been hit, kicked, slapped, pushed or shoved by your partner?
 18. ☒ ☐ Would you like to discuss problems related to a rape or emotional/physical/sexual abuse?
 19. ☒ ☐ Do you have questions or concerns about sex that you would like to discuss?

WOMEN ONLY:

1. Menstrual History

Age period started: 15
Periods are:
☒ regular ☐ light
☐ irregular ☒ moderate
☐ painful ☐ heavy
Periods come every 28 days,
and last 4-5 days.

Do you have bleeding-between periods?
☐ Yes ☒ No ☐ Sometimes

Is this your first pelvic exam?
☒ Yes ☐ No

2. Pregnancy History

Number of:
_____ abortions
_____ miscarriages
_____ still births
_____ cesareans
_____ ectopic pregnancies (tubal)
_____ premature births
_____ normal births
_____ Total number of pregnancies
_____ Age at first pregnancy

Complications and/or comments on these pregnancies:

Date of last pregnancy or birth:

Are you breast feeding?
☐ Yes ☐ No

3. Birth Control History

If you use birth control, what methods have you used?
☐ pills Kind: _____
☐ Depo Provera/Lunelle Injection
☐ Norplant
☐ IUD
☐ diaphragm/cervical cap
☐ foam, suppositories, cream, jellies
☐ condoms, rubbers
☐ withdrawal or pulling out
☐ rhythm, calendar, or natural family planning
☐ tubal ligation (sterilization)
☐ Other: _____
☐ None

List any problems with these methods:

Current method: _____
☐ I want to change my method to _____

Reviewed by: Diane Winkler PA-C 11/5/03
Clinician/Physician

Update: _____
Clinician/Physician

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Sandra Dew
Client Signature

11/05/03
Date

Update: _____
Clinician/Physician

Date