

David Ghausi, D.O., Inc.
 Fellow, American College of Obstetrics & Gynecology

NAME: _____ TODAY'S DATE: _____

AGE: _____ DOB: _____ OCCUPATION: _____

REASON FOR YOUR VISIT TODAY: _____

PRIMARY CARE PROVIDER: _____ PHARMACY & LOCATION: _____

ALLERGIES: _____

GYN HISTORY:

First day of last period:	Age your periods began:	# of days from one period to another:
Flow:	# of days of flow:	Spotting between periods?
Current form of birth control:	If you have an IUD, insertion date:	Abnormal pap tests?
Menopause began at age:		

OBSTETRIC HISTORY:

DOB of Baby:	Male Or Female:	vaginal or C-section:	Duration of pregnancy:	Place of delivery:	Birth weight:	Doctor who delivered:	Length of labor/complications:	Epidural/spinal?

MISCARRIAGES(total # & approx. dates): _____

TERMINATIONS(total # & approx. dates): _____

PREVENTIVE CARE & SCREENINGS:

TEST OR SCREEN	DATE LAST DONE	RESULTS
PAP TEST		
MAMMOGRAM		
BONE SCAN		
COLONOSCOPY		
GENETIC/HEREDITARY		

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NAME: _____ DOB: _____

PLEASE LIST ANY MEDICAL CONDITIONS/ILLNESSES: _____

PLEASE LIST PAST SURGERIES/HOSPITALIZATIONS(please include year & reason) _____

CURRENT MEDICATIONS(dose/frequency) _____

<u>Social History</u>	<u>Select answer</u>	<u>Frequency or amount</u>
<u>Smoker? Current or former</u>		
<u>Do you drink alcohol?</u>		
<u>Recreational drugs or herbals?</u>		
<u>Are you sexually active?</u>		

PLEASE LIST YOUR CURRENT OR PAST SYMPTOMS:

- | | |
|---|---|
| <ul style="list-style-type: none"> _ spotting, bleeding after intercourse _ rregular bleeding heavy menses painful periods vaginal dryness vaginal irritation vaginal discharge abnormal pap smears | <ul style="list-style-type: none"> pelvic pain loss of urine with cough/sneeze frequency of urination urgency of urination pain with intercourse post-menopausal bleeding abnormal mammograms breast masses/cysts |
|---|---|

FAMILY HISTORY: Check if applicable. List family member affected & **include maternal/paternal** or both

DISEASE/DISORDER	List each family member affected such as father, mother, brother, sister etc	DISEASE/DISORDER	List each family member affected such as father, mother, brother, sister etc
Breast cancer		Thyroid disease	
Ovarian cancer		Bleeding disorders	
Uterine cancer		Birth defects	
Colon cancer		Seizures	
High blood pressure		Mental illness	
Heart disease/attack		Other	
Diabetes			