

FEMALE HISTORY

NAME: _____ DATE: _____

Allergies to medications: YES / NO _____

Please circle **ONLY** if applicable.

PAST MEDICAL HISTORY

Alcoholism	Immunodeficiency	Asthma
Cancer of the breast	Neurofibromatosis	Hay fever
Cancer of the colon	Niemann-Pick disease	GERD
Cancer of the ovaries	Osteogenesis imperfecta	Peptic ulcer
Cancer of uterus	Prad-Willi syndrome	Cholelithiasis (Gallstones)
Cancer of skin	Sickle cell disease	Kidney problems
Cancer, other unspecified	Sinusitis	Bladder problems
Cancer of the lung	Acne	Liver disease
Colon polyps	Premature CHD female first degree relative less than 65 years	Colon problems
Depression	Premature CHD male first degree relative less than 65 years	Sexually transmitted disease
Diabetes	Angina	Anxiety
Glaucoma	Heart attack	Alzheimer's disease
Heart disease (CAD)	Heart murmur	Blood transfusion
High cholesterol	Atrial fibrillation	Exposure to hazardous substance
Hypertension	Other specified cardiac dysrhythmias	Positive TB skin test
Osteoporosis	TIA	Cholesterol screen
Pulmonary embolism/DVT	Thyroid disease	Chest X-ray
Stroke	Lymphoma	EKG
Endometriosis	Melanoma	Test for occult blood in stool
Psychiatric condition	Migraine	Colonoscopy
Epilepsy	Seizures	Sigmoidoscopy
Tuberculosis	Arthritis	Mammography
Canavan disease (Ashkenazi Jewish)	Anemia	PAP smear
Hemophilia	Blood clots	Abnormal PAP
Huntington's disease	COPD	Abnormal uterine bleeding

Assisted reproductive technology (ART)	Colectomy	Laparoscopy
Cystitis	Coronary artery bypass graft	Laser surgery
DES exposure	Deviated septum repair	LEEP
Eating disorder	Dilation and curettage	Myomectomy
Ectopic pregnancy	Hemorrhoidectomy	Plastic surgery
Gestational diabetes	Hernia repair	Tube repair
Hernia	Hysterectomy	Uterine ablation
Pelvic inflammatory disease	Hysterectomy total with removal of both tubes and ovaries	Uterine fibroid embolization
Polycystic ovarian syndrome	Lasik	Bronchoscopy
Postpartum depression	Lens implants	Lung biopsy
Rheumatic heart disease	Lobectomy	Cardiac stent
Uterine Abnormalities	Lumpectomy of breast	Carotid endarterectomy
Uterine fibroids	Mitral valve replacement	Percutaneous transluminal coronary angioplasty (PTCA)
Candidiasis	Myringotomy and insertion of T tube	Peripheral arterial bypass/stint
Chlamydia	Ovarian cyst removal	Fractures
Condyloma	Thyroid cysts, aspiration	Other
Gonorrhea	Thyroidectomy	<u>OB HISTORY</u>
MERSA History of / Carrier	Tonsillectomy	Number of pregnancies
Other	Total hip replacement	Number of live births
<u>SURGICAL HISTORY</u>	Total knee replacement	Number of miscarriages
Aortic valve replacement	Trigger finger release	Number of abortions
Appendectomy	Tubal ligation	<u>FAMILY HISTORY</u>
Back surgery	Unilateral mastectomy	Alcoholism
Bladder surgery	Anesthesia complications	Anemia
Breast biopsy	Breast augmentation	Cancer of the colon
Bunionectomy	Breast reduction surgery	Cancer of the prostate
Cardiac pacemaker	Sinus Surgery	Cancer of breast
Carpal tunnel release	Cervical biopsy	Cancer, other unspecified
Cataract extraction	Colposcopy	Colon polyps
Cesarean section	Cone biopsy	Diabetes
Cholecystectomy (Gallbladder removal)	Cryosurgery	Glaucoma
	Ovaries removed	Heart disease (CAD)

High cholesterol

Sexually active

Hypertension

Had more than one sexual partner
in the last year

Osteoporosis

Sexual relations with someone who
used intravenous drugs

Stroke

Sexual relations with someone who
had a sexually transmitted disease

Thyroid disease

Blindness, early onset

Religious objections to blood
transfusion

Deafness, early onset

Cancer of the lung

Single person

Psychiatric condition

Married

Tuberculosis

Divorced

Other

Widowed

Dementia

Heterosexual

SOCIAL HISTORY

Homosexual

Current every day smoker

Do you have a living will?

Current some day smoker

Former smoker

Never smoked

Other tobacco use

Passive smoker

Alcohol abuse

Past alcohol abuse

Do you have more than one drink a
day?

Past drug use

Current drug user

Seat belt use

Follows a diet

Lives alone

Employed

Have you ever been physically or
emotionally abused?

Do you feel threatened by your
current relationship?