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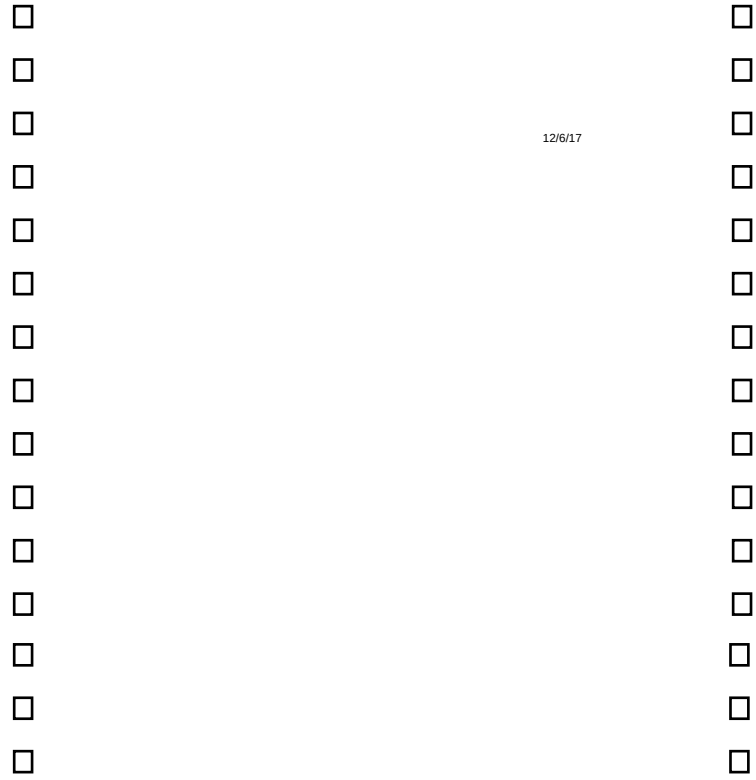

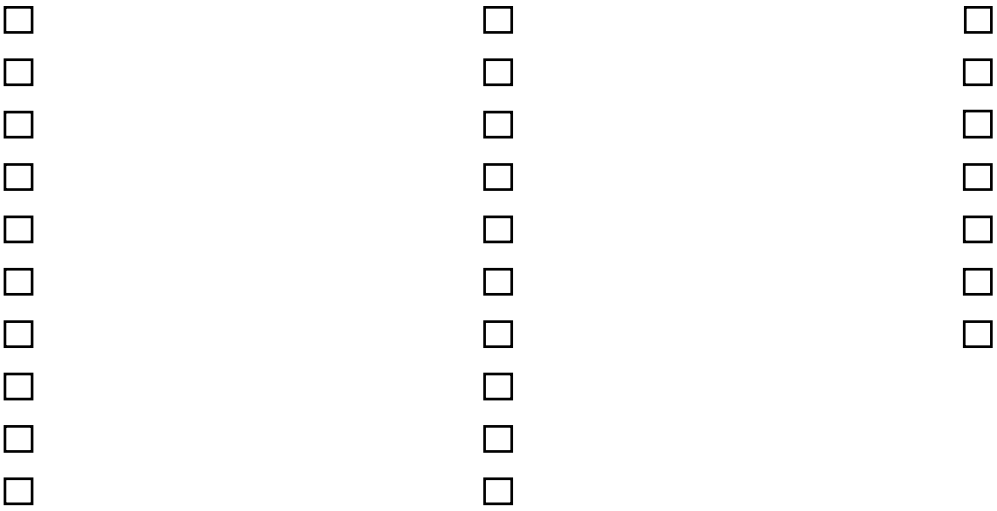

Health History

SOCIAL HISTORY

DATE OF RECENT TRAVEL AND DESTINATION:

GENERAL HEALTH & HABITS (CHECK ALL THAT APPLY)

PRESENT HEALTH STATUS: ☐ EXCELLENT ☐ VERY GOOD ☐ AVERAGE ☐ POOR		WEIGHT: 10 YRS AGO? 5 YRS AGO? WEIGHT NOW?	
REGULAR EXERCISE? ☐ YES ☐ NO	DO YOU SMOKE? ☐ YES ☐ NO	ALCOHOL USE? ☐ YES ☐ NO	CAFFEINE USE? ☐ YES ☐ NO
HOW LONG REGULARLY? (YRS)	☐ CIGARETTES ☐ PIPE ☐ CIGARS	# DRINKS PER DAY/WK	# CUPS OF COFFEE/DAY?
TYPE:	PACKS PER DAY:	STOPPED? ☐ YES ☐ NO	# CUPS OF TEA/DAY?
FREQUENCY (WK/TIME)	YRS SMOKED:	YRS QUIT:	# CANS/GLASSES?

OB GYN HISTORY

LAST PERIOD:	☐ LIGHT BLEEDING	FLOW DURATION	☐ REGULAR CYCLES	LAST PAP SMEAR
PADS USED IN 24HR:	☐ HEAVY BLEEDING	AGE OF FIRST PERIOD	☐ IRREGULAR CYCLES	☐ PAST ABNORMAL PAP
☐ TAMPON USE	PREGNANCIES (GRAVID)	DELIVERIES (PARA):		☐ MENOPAUSE

OB GYN SURGICAL HISTORY (PLEASE CHECK ALL THAT APPLY) ☐ None

☐ BREAST AUGMENTATION	☐ BREAST LUMPECTOMY	☐ HYSTERECTOMY (TOTAL ABD)	☐ MYOMECTOMY	☐ SALPINGO OOPHORECTOMY
☐ BILATERAL TUBAL LIGATION	☐ CESAREAN SECTION	☐ MASTECTOMY	☐ REDUCTION MAMMOPLASTY	☐ VAGINA HYSTERECTOMY
☐ BREAST BIOPSY	☐ D AND C	☐ OTHER:		

VACCINATIONS

☐ FLU	☐ PNEUMOCOCCAL	☐ HEP B	☐ MENINGOCOCCAL	☐ TETANUS
☐ PPD (TUBERCULOSIS TEST)		☐ OTHER:		

ADVANCE DIRECTIVE

Do you have an Advance Directive? ☐ Yes ☐ No

Would you like to discuss Advance Directives? ☐ Yes ☐ No