ob·gyn SOUTH, P.C.

Before I formed you in the womb, I knew you.
Jeremiah 1:5

Medical Record #: _____

Return Patient ROS, PFSH

Name: _____ Date: _____ Age: _____

❑ Single ❑ Married ❑ Widowed ❑ Divorced Religious Preference: _____

Has there been any change in your medical condition since your last visit to OB-GYN South? _____

Have you had any type of surgery since you were last seen? If so, explain: _____

Date of surgery(s): _____ Hospital: _____ Physician(s): _____

List any prescription medicines you are presently taking: _____

Are you seeing any other physician for other treatment(s)? If so, please name physician(s) and reason for treatment(s):

Has there been any change in your sleep patterns, eating habits, or are you experiencing depression, mood swings, etc?
If so, please explain: _____

Do you smoke? ❑ Yes ❑ No _____ packs per day Alcohol consumption _____

Birth control method: ❑ Nothing ❑ Pill ❑ Vasectomy ❑ Hysterectomy ❑ Rhythm
❑ IUD ❑ Tubal ligation ❑ Diaphragm ❑ Other: _____

Please list all known allergies: _____

Do you have any new family history of osteoporosis, or colon, breast, or ovarian cancer? ❑ Yes ❑ No Explain: _____

Do you now or have you had within the past year:	Yes	No
Uncontrollable loss of urine when coughing or sneezing?		
Uncontrollable loss of urine when bladder is full?		
Uncontrollable loss of urine just after emptying bladder?		
Uncontrollable loss of urine when you feel the urge to urinate?		
Uncontrollable loss of urine when sitting, standing, or lying quietly?		
Have you had sensation of stool bulging into birth canal when having movement?		
Have you ever had to express stool from rectum by placing fingers in vagina?		
Sensation of female organs dropping into birth canal?		
Are the above symptoms a problem to you?		
Pain on intercourse?		
Do you consider your sexual relationship satisfactory?		
Can you climax during intercourse?		
Date of last pelvic exam?		
Date of last PAP smear?		
Date of last breast exam?		
Date of last mammogram?		
Have you ever had an abnormal PAP smear?		
How old were you when your menses started?		

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I am still having menstrual periods ❑ Yes ❑ No

Answer only if you are still having menstrual periods:	Yes	No
Do you have any pain with your periods?		
Does pain start the day flow starts?		
Pain starts how many days before flow starts?		
How many days between your periods?		
Are periods regular?		
How many days of menstrual flow?		
Periods: Heavy_____ Medium _____ Light _____		
Do you pass any clots in menstrual flow?		
Date of last menses?		

_____ _____

Patient Signature Date