

**CONFIDENTIAL HEALTH QUESTIONNAIRE – Gynecological**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Any current concerns? \_\_\_\_\_  
 Date of last pap smear: \_\_\_\_\_  
 Any difficulty with previous exams? \_\_\_\_\_

Age of onset of menses: \_\_\_\_\_  
 1st day of last period: \_\_\_\_\_ Was it normal? \_\_\_\_\_  
 What is normal for you? \_\_\_\_\_  
 Any problems with periods? (*pain, PMS, heavy bleeding, irregularity, bleeding between cycles*)? \_\_\_\_\_

Number of days between first day of one period and first day of next: \_\_\_\_\_  
 Do regular self breast exams? \_\_\_\_\_ Pain with sexual activity? \_\_\_\_\_  
 Number of male partners in last 3 years? \_\_\_\_\_

Currently using what method of birth control? \_\_\_\_\_  
 Used in the past: (please include dates)

Birth Control Pills _____	-what kind? _____
IUD _____	-what kind? _____
Cervical Cap _____	-what kind? _____
Diaphragm _____	Sponges _____
Condoms _____	Foam _____
Other _____	Other _____

Any problems or benefits encountered? \_\_\_\_\_  
 Any hormone medications used? (*Provera, estrogen, preplacement, DES, "morning after pill", anabolic steroids, cortisone or prednisone, thyroid medicines*) \_\_\_\_\_  
 Any other medications? \_\_\_\_\_

Pregnant now? \_\_\_\_\_ Number of weeks? \_\_\_\_\_  
 Number of pregnancies? \_\_\_\_\_ Births? \_\_\_\_\_ Miscarriages? \_\_\_\_\_  
 Abortions? \_\_\_\_\_ Tubal / ectopic? \_\_\_\_\_ Any complications in conceiving? \_\_\_\_\_  
 Any complications of pregnancy? (*hemorrhage, infection, C-section, toxemia, blood sugar or blood pressure problems*) \_\_\_\_\_

Abnormal pap smear? _____	Cancer? _____
Thyroid problems? _____	Anemia? _____
Diabetes? _____	Breast lumps/ tumors? _____
Nipple discharge? _____	Bladder infections? _____
Bleeding/clotting problems? _____	Herpes? _____
Chlamydia, Gonorrhea or Syphilis? _____	
Venereal Warts? _____	Vaginal infections? _____
Uterine fibroids, endometriosis? _____	
Pelvic Inflammatory Disease? _____	
Uterine/cervical abnormalities? _____	Ovarian cysts/tumors? _____
Any surgeries/ hospitalizations? _____	