Annual Gynecologic History Form

One Sky Wellness Associates 6300 9th Ave NE Seattle, WA 98115 206.363.5555

Current Concerns

1.____

2.____

3.____

4.____

Name ____

Date of Birth ______________ Today's Date _________

How often do you have a period? __________

How many days do you bleed? __________

What is your birth control method, if applicable: _________

The first day of your most recent period? __________

In the past year, have you:

- ☐ Moved
- ☐ Changed or lost a job
- ☐ Married or divorced
- ☐ Experienced the death of a loved one
- ☐ Been pregnant
- ☐ Started Menopause
- ☐ Developed an allergy

- ☐ Yes ☐ No Have you ever had an abnormal pap?
- ☐ Yes ☐ No Do you have any vaginal itching, burning or discharge today?
- ☐ Yes ☐ No Do you have any spotting (bleeding) between periods?
- ☐ Yes ☐ No Have you had a new sexual partner in the past year?
- ☐ Yes ☐ No Are you currently sexually active?
- ☐ Yes ☐ No Do you use condoms regularly?
- ☐ Yes ☐ No Have you ever had a STD?
- ☐ Yes ☐ No Have you had a blood transfusion, used IV drugs or had a sexual partner who did?

Note if you have the following symptoms:

☐ Anxiety	☐ Headache	☐ Depression	☐ Irregular periods
☐ Mood swings	☐ Craving for sweets	☐ Forgetfulness	☐ Hot flashes
☐ Irritability	☐ Increased appetite	☐ Crying	☐ Night sweats
☐ Weight gain	☐ Heart palpitations	☐ Confusion	☐ Decreased libido
☐ Breast tenderness	☐ Fatigue	☐ Insomnia	☐ Vaginal dryness
☐ Bloating	☐ Dizziness, fainting		☐ Hair loss

Current Medications and Allergies:

____

Describe your sleep:

____

Diet: Please list everything you had to eat and drink in the last 24 hours

____

____

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Review of Systems: please check if you have had problems with the following in the past year:

- ☐ Headache, fatigue, night sweats, weight problems
- ☐ Eyes: sight, discharge, double vision
- ☐ Ears: hearing, ringing, dizziness
- ☐ Nose: congestion, discharge, allergies, nosebleeds
- ☐ Throat: Canker sores, herpes, postnasal drip
- ☐ Cardiovascular: Heart murmur, palpitations
- ☐ Respiratory: Difficulty breathing, asthma
- ☐ GI: Abdominal pain, nausea, diarrhea, constipation
- ☐ Musculoskeletal: Joint or muscle pain, weakness
- ☐ Skin: Moles, rashes, eczema, acne
- ☐ Neurological: Numbness, tingling, shooting pains
- ☐ Endocrine: blood sugar problems, hot/cold intolerance
- ☐ Blood/lymph: Enlarged lymph nodes, anemia
- ☐ Immune: Recurrent infections, hives
- ☐ Other:________________________________

- ☐ Yes ☐ No Considering pregnancy?
- ☐ Yes ☐ No Have you ever been pregnant?
- ☐ Yes ☐ No Do you smoke?

- ☐ Yes ☐ No Do you take a calcium supplement?
- ☐ Yes ☐ No Do you exercise regularly?
- ☐ Yes ☐ No Is your home a sanctuary for you?

☐ Yes ☐ No	Do you drink alcohol or use drugs?		☐ Yes ☐ No	Do you handle stress well?
☐ Yes ☐ No	Do you drink caffeine?		☐ Yes ☐ No	Are you happy?

Patient Name:______________________ Date of Birth: _______________ Date: ____________

	NL	Abn	
General	☐	☐	Ht.: Wt. BP: HR:
Appear	☐	☐	WDWN Female in NAD
Eyes	☐	☐	PERRLA
	☐	☐	Sclera white, conjunctive clear, lids without lag
ENT	☐	☐	EAC and TM normal bilaterally
	☐	☐	Nose: mucosa and turbinates pink, septum midline
	☐	☐	Mouth: lips pink and sym, gums pink, good dentition
	☐	☐	Throat: No lesions or exudate
Neck	☐	☐	Full ROM, tracheal midline position, no thyromegaly
Respiratory	☐	☐	No dyspnea noted, CTA to bases bilaterally
CV	☐	☐	Auscultation: RRR, no murmur, no abnormal sounds
Breast	☐	☐	Shape: symmetrical
	☐	☐	No lumps, masses, d/c or tenderness
	☐	☐	No axillary LA
	☐	☐	SBE reviewed
GI	☐	☐	No HSM or hernia noted, non tender, no masses
	☐	☐	CVA: non-tender to percussion
	☐	☐	Rectum: no hemorrhoids or fissures, normal sphincter tone
GU Female	☐	☐	No external masses, lesions, rashes or swelling of the vulva, vagina or cervix
	☐	☐	BSU, Labia, clitoris, vulva and urethral meatus intact and without d/c
	☐	☐	Uterus: NSSC, no masses, non-tender, mobile
	☐	☐	Andexa: non-tender, no masses, no nodularity
Lymph	☐	☐	No cervical or inguinal lymphadenopathy
MS	☐	☐	Gait co-coordinated and smooth
	☐	☐	Digits without clubbing, erythema or cyanosis
Skin	☐	☐	No rashes, lesions, or ulcers
	☐	☐	Warm and dry with normal turgor
Neuro	☐	☐	DTR +2 bilaterally
Psych	☐	☐	A&Ox3
	☐	☐	Recent and remote memory intact
	☐	☐	No mood disorders noted, appropriate effect

Notes:________________________________

PREVENTIVE SCREENINGS:

Within 3 yrs of sexual activity:

- ☐ Pap q 3 years

24 or younger

- ☐ CT/GC

> 40 years of age

- ☐ Mammogram q 1-2 yrs

> 45 years of age

- ☐ TC and HDL q 5 years, non fasting
- ☐ FBG screen q 3 yr if BP >135/80

> 50 years of age

- ☐ Colon CA screen Home FOBT annually

> 65 years of age

- ☐ DEXA > 65 yo or 60 if HR (<154 lbs…)
- ☐ Vision screen > 65 yo q 3-5 yrs
- ☐ Hearing screen > 65 yo q 3-5 yrs

Other

- ☐ Tetanus booster q 10 yrs
- ☐ Wet prep
- ☐ CBC
- ☐ TSH

Assessment:

- ☐ Preventive gyn V72.31

Treatment Recommendations

- ☐ Folate 400mcg/d
- ☐ Multi vitamin
- ☐ Calcium/ Mg
- ☐ EFA's
- ☐ Iron supplement
- ☐ Exercise
- ☐ Nutrition consult

Physician Sig: ___________________
Date:___________________________

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