ATHENAHEALTH

**Patient Name:**_____ **Date of Birth:**_____/_____/_____

| TEST HISTORY | month | year |
|---|---|---|
| Last Breast Exam | | |
| Last Mammogram | | |
| Last colonoscopy | | |
| Last hemoccult/FOB test | | |
| Last DEXA scan | | |
| Last PAP/gyne exam | | |
| Last CXR | | |
| Last PSA | | |
| Last Echocardiogram | | |
| Last PFT | | |
| Last HgA1C | | |
| Last Diabetic Eye Exam | | |
| Last Diabetic Foot Exam | | |
| Last Stress Test | | |
| Last Urine Microalbumin test | | |
| ** if unknown, please indicate | | |

**GYN HISTORY**

**Do you currently have a cycle?** **yes** **no**
**How many days is your flow?** _____
**What is the frequency of your cycle?** _____
**example:(21 days, 28 days etc..)**
**Is you flow light, regular or heavy?** **(please circle)**
**What was your age at first child?** _____
**If postmenopausal, what age did it begin?** _____
**Date of last period :** _____

| PAST MEDICAL HISTORY | currently | past |
|---|---|---|
| Acne | | |
| ADD/ADHD | | |
| Anemia | | |
| Anuerysm | | |
| Anxiety | | |
| Arthritis | | |
| Bipolar | | |
| Blood Clots | | |
| Blood Disorders | | |
| Cancer | | |
| Cataracts | | |
| Chicken Pox | | |
| Colitis | | |
| Colon Polyps | | |
| COPD/Emphysema | | |
| Depression | | |
| Diabetes | | |
| Endometriosis | | |
| Fibroids | | |
| GERD | | |
| Glaucoma | | |
| Gout | | |
| Hay Fever/Allergies | | |
| Heart Disease | | |
| Heart Murmur | | |
| Hemorrhoids | | |
| Hepatitis | | |
| High Blood Pressure | | |
| HIV/Aids | | |
| Hyperlipidemia( High Cholesterol) | | |
| Infertility | | |
| Kidney Disease | | |
| Macular Degeneration | | |
| Migraine | | |
| Mononucleosis | | |
| Nicotine use | | |
| Peripheral Vascular Disease | | |
| Pneumonia | | |
| Rheumatic Fever | | |
| Seizure Disorder | | |
| Sexually Transmitted Diseases | | |
| Skin Disease | | |
| Sleep Apnea | | |
| Stroke/TIA | | |
| Substance Abuse | | |
| Thyroid Disease | | |

| | | |
|---|---|---|
| Tuberculosis | | |
| Ulcers | | |