

Women's Health History:

Date last period began: _____

Date prior period began: _____

Age of first period: _____

Are you sexually active? _____ Do you practice safe sex? _____

Are you pregnant? _____ (if you are currently pregnant, please answer Pregnancy Questions below)

Are you trying to get pregnant? _____ How long? _____ (see Fertility Form)

Current birth control method: _____ How long? _____

Normally (not on pills), the number of days from the start of one period to the start of the next: _____

Average number of days in flow: _____

Color (normal, bright red, pale, brown, rust, dark, purple, other): _____

Amount of flow: Heavy Moderate Light Pain/cramps (location, dull, sharp, other): _____

Cramps during ovulation: _____ Clots (large, small, black, purple, red, other): _____

Do you experience any of the following pre-menstrual symptoms?

Nausea Vomiting Water Retention Breast Swelling Food Cravings Headaches Migraines

Breast Tenderness Depression Irritability Anxiety Other Emotions: _____

Do you have any sexual concerns to discuss?

How would you describe your sexual energy?

Do you douche regularly? With what? _____

Do you use vaginal lubricants? What kind? _____

Do you have any unusual vaginal discharge or vaginal dryness/itching? _____

Do you have excessive facial hair? _____

Urination:

- Normal color
- Dark yellow
- Clear
- Reddish
- Cloudy
- Scanty
- Profuse
- Strong odor
- Burning
- Painful
- Difficult

- Urgent
- Frequent
- Incontinence

Gynecological:

- <25 day cycle
- >35 day cycle
- Irregular Periods
- Spotting Between Periods
- Loose bowel movements at onset of menses
- Regular yeast infections
- UTI or Bladder Infections

- Abnormal Pap Smears
- Endometriosis
- Uterine Fibroids
- PCOS (Polycystic ovarian syndrome)
- POF (Premature ovarian failure)
- PID (Pelvic inflammatory disease)
- Any pelvic abnormalities
- Other: _____

Pregnancies (including miscarriages and abortions):

<u>Dates</u>	<u>Sex</u>	<u>Weight</u>	<u>Problems</u>	<u>Fertility Treatment</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

