



PATIENT MEDICATION LIST/ INTAKE FORM

Date _____

Name _____ Date of Birth _____

Daytime Phone _____ Age _____

Primary Care Doctor _____

Reason for today's visit: _____

First day of last menstrual period _____

*** Please list ALL medications you are currently taking, including vitamins and over the counter supplements.**

MEDICATION	DOSAGE	FREQUENCY OF MED	PRESCRIBING DOCTOR
1. _____			
2. _____			
3. _____			
4. _____			
5. _____			
6. _____			
7. _____			
8. _____			

Please list any allergies: _____

Have you had surgery or any new health conditions since your last visit with us? Yes No

Please explain:

OVER

When was your last:

Pap smear: _____

Results: Normal Abnormal Never

Mammogram: _____

Results: Normal Abnormal Never

Bone Density: _____

Results: Normal Abnormal Never

Colonoscopy: _____

Results: Normal Abnormal Never

Please answer the following questions regarding your periods:

- 1) Are your periods Regular Irregular Spotting
- 2) Periods occur every _____ days, and last for _____ days.
- 3) Are your periods painful? No Yes - # of days _____
- 4) If yes, describe pain level: Mild Moderate Severe
- 5) Flow of your periods is: Light Moderate Heavy
- 6) Do you have clots with your periods? Yes No

Number of pregnancies _____

Number of living children _____

Number of miscarriages _____

Number of elective abortions _____

Are you currently sexually active? Yes No

If not currently sexually active, have you ever been sexually active? Yes No

What type of birth control do you currently use?

- None Condoms Pills Depo Tubal
 IUD Nexplanon Nuvaring Vasectomy Other

Do you perform self-breast exams? Yes No

How often? Monthly Occasionally Rarely

Do you smoke? Yes No

Please circle any of the following symptoms that you are experiencing:

fatigue
depression
anxiety
headache
weight loss
weight gain
PMS

vaginal dryness
vaginal itching
vaginal bleeding
vaginal discharge
pain with intercourse
pain with urination
urinary leakage

painful periods
irregular periods
abdominal pain
stomach pain
pelvic pain
multiple miscarriage
bleeding with intercourse

cold/flu symptoms
nausea/vomiting
breast lump/lumps
breast pain/tenderness
nipple discharge
Infertility