

MRN:
(Office Use Only)

Name: _____	Date of Birth: _____	Today's Date: _____
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Total Pregnancies #: _____ **Children #:** _____ **Ages:** _____

Abortions: Spontaneous (Miscarriage) # _____ Induced (Abortion) # _____ Ectopic # _____

Last Pap: _____ **Reason for Visit:** _____

1st Day of Last Menstrual Period: ____ / ____ / ____

Was your last period normal? Yes No **Are your periods Normal?** Yes No

Are you having any type of abnormal bleeding or spotting? Yes No

If yes, clarify: _____

Recent surgery? Yes No *If yes, specify:* _____

Recent Medical Problems? Yes No

If yes, specify: _____

Are you Using Birth Control? Yes No

If yes, specify: _____

What medications are you taking (including dosage)? _____

Do you have any allergies (e.g. Latex, Penicillin, etc.)? Yes No

If yes, list with reaction: _____

Do you perform monthly breast exams? Yes No

Have you ever given or received oral sex? Yes No

Have you ever had vaginal sex? Yes No

Have you ever had anal sex? Yes No

Do you smoke cigarettes? Yes No

Do you drink alcohol? Yes No

Are you currently sexually active (within the last 3 months)? Yes No

How many partners have you had in your lifetime? #: _____

Have your sexual partners been male, female, or both? Male Female Both

Do you currently have a primary sexual partner? Yes No

What do you typically do to prevent STDs? _____

What do you typically do to prevent an unplanned pregnancy? _____

Is any of your sexual activity ever combined with the use of drugs or alcohol? Yes No

Who usually initiates your sexual activities? You Partner Both

Do you know if you have any STDs? Yes No

If yes, specify: _____

Have you ever had an STD? Yes No

If yes, specify: _____

Would you like to have STD testing done today? Yes No

If so, what tests would you like to have done?

Urine Sample (these will be done if having a Pap smear):	Chlamydia	Gonorrhea
Blood Sample (these are not included in the exam unless requested):	HIV	Syphilis

Have you ever been a victim of abuse: No Yes (select all that apply): Mental/Verbal Physical Rape Sexual

If you have been a victim of abuse, it has: Been reported and resolved Not been reported, but is resolved Not been reported or resolved