NAME.					144 . 14		
NAME:		Age		Height:	Vveignt	D INITE IS	
Date Reason For Visit Today							
PAST MEDICAL HISTORY							
Anemia	Glaucoma	Trainfut branch	HIV		Ulce		
Arthritis/ Joint Pain	Heart Disease		Kidney Infections		Yellow jaundice		
Asthma Heart Murmu		r	Kidney Stones Other List Below		r List Below		
Blood Transfusions Hepatitis		Tincom stere e	Seizures/convulsions/epilepsy				
Depression/Anxiety	High Cholesterol		Thyroid Disease				
Diabetes High Blood Pr		ressure	Tuberculosis		164		
GYNECOLOGY HISTORY Chlamydia Gonorrhea What is the date of your last pap	IGEP	LUIBER TOA	rpes	Syphilis Vagir	nosis Trichor	nonas	
	the second s			If ves when			
Have you ever had an abnormal Pap smear test? Yes No If yes when							
the lowers high outs		The second state and the		Lesbian, gay of no	inosexual		
	omething else (pl				DUV BAIN		
Current Gender Identity: Female Male Transgender Add'I category (please specify)							
Tetanus Yes No	Date:		H		Date:		
Flu Shot Yes No	Date:				Date		
		PASTS	SURGI	ERIES	Martin Contraction		
Past Surgery		Date		ast Surgery	PHILIPPIPE	Date	
		in contrast	0.000	เกล้ามี เกมส์สาย	Orbaic		
Weight gain		101-ser haw-			nice		
Weight ices		IC INTEL DISE	pipo		Rash		
CURREN		IS / HERBS / I	VITAM	INS / NUTRITIONAL SI			
CURRENT MEDICATIONS / HERBS / VITAMINS / NUTRITIONAL SUPPLEMENTS DRUG NAME IDOSAGE IDRUG NAME IDOSAGE						DOSAGE	
AS HO HO HIG KON	BASE AUSIN OLYO	L DBUDIer 3					
Yes No Has any	on beibiliant un	I LATURE GAR	er fore	ed you to heve sex?			
Yes I No I Has any	and ever bu look	ed clicked o	Phene V	ou Divsicalie?		and the second	
ATTALL IN THE COMPANY	ans clove in your	Mar Wooden	2411 1	mt you?			
MEDICATION ALLERGIES / FOOD ALLERGIES							
Drug Allergies		Reaction	D	Prug Allergies Reaction		Reaction	
Another Party Party				Donke net Week	wite water day		
				Contraction of the second second		1	
		000011					
Are you allergic to Peanuts?	Yes No	Land .	T	ic to eggs? Yes	No 📘		
		FAMILYME	DICAL	HISTORY	1		
Condition: Yes		Relative	e / Age		Mother's Side	Father's Side	
Alcoholism							
Breast Cancer							
Colon Cancer	Carlo Martha	Dex 1	he	AGEN LANS	noublecano	12	
Diabetes							
High Blood Pressure	and and a state	and the second	1000	Shortin 40	and Children		
Heart disease	T Warden		1 Mirris	T Net eevoally activ			
Ovarian Cancer				Age at Mer	e parise (if ar pilogb	e)	
Stroke	1/5/			Flow Light	Normal Hea	NA.	
Other:	Pe	ned Freevene		Duration of Flow	(da)	(8)	

REPRODUCTIVE HISTORY							
Age at First Menstral Period Period Frequency Duration of Flow (days)							
Date of Last Menstral Period (LMP)	Flow	/: Light Normal Heavy					
Current Birth Control Method Age at Menopause (if applicable)							
Do you have sex with Men Women Both Virgin Not sexually active							
Obstetrical History: #No. of Pregnancies Miscarriages Abortions Living Children							
Delivery Date Weeks Birth wei	ght Sex Delivery Type	Complications					
ining a subscription of the second							
		The second					
Couplings							
and have been and a second source of the	and a second	and the second sec					
Constant allowed to be added a state		States and the second s					
SOCIAL HISTORY							
Smoking Yes No	Packs per Day Years	Age when quit					
Alcohol Yes No	Drinks per Day Drinks per Week						
Drug Use Yes No	Regular Exercise Yes No Seat Belt Use Yes No						
	PERSONAL SAFETY						
Yes No Has anyone close	to you ever threatened to hurt you?						
	hit, kicked, choked, or hurt you physically?						
	ding your partner, ever forced you to have	cov?					
Yes No Are you ever afraid							
	NY OF THE FOLLOWING SYMPTOMS A	PPLY TO YOU <u>CURRENTLY</u>					
CONSTITUTIONAL	CARDIOVASCULAR	SKIN					
Weight loss	Painful breathing	Rash					
Weight gain	Chest pain	Ulcers					
Fever	Difficult breathing on exertion	NEUROLOGIC					
Fatigue	Swelling of legs	Dizziness					
EYES	Palpitations of heart	Seizures					
Double vision	RESPIRATORY	Numbness					
Spots before eyes	Wheezing	Trouble walking					
Vision changes	Spitting up blood	MUSCULOSKELETAL					
EARS, NOSE, THROAT	Shortness of breath	Muscle weakness					
Ear aches	Cough, chronic	ENDOCRINE					
Ringing in ears	GASTROINTESTINAL	Dry skin					
Sinus problems	Frequent diarrhea	Abnormal thirst					
Sore throat	Bloody stool	Hot flashes					
Mouth sores	Nausea/vomiting	PSYCHIATRIC					
Dental problems	Constipation	Depression					
BREASTS	GENITOURINARY	Frequent crying					
Pain in breast	Blood in urine	HEMATOLOGIC/LYMPHATIC					
Discharge	Pain with urination	Easy bruising					
Masses	Urgency	Enlarged lymph nodes					
Demension Anywhy	Frequency of urination	Easy bleeding					
Bigod franslusions	Incomplete emptying	Mierzel -					
ANDER	Stress incontinence	CITIEN LIST SELEVIC					
Administration February Cheeler	Abnormal periods	Aleman Januquee					
investige and the second	Painful intercourse	Thirdee Aller					
Patient Signature							
Date Reviewed:	Patient Signature:	MD initials					
Date Reviewed: // Date Reviewed: //	Patient Signature: MD initials Patient Signature: MD initials						
Date Reviewed: / Patient Signature: MD initials							