

## FEMALE HISTORY

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Please circle **ONLY** if applicable.

### PAST MEDICAL HISTORY

Alcoholism	Huntington's disease	Blood clots
Cancer of the breast	Immunodeficiency	COPD
Cancer of the colon	Neurofibromatosis	Asthma
Cancer of the ovaries	Niemann-Pick disease	Hay fever
Cancer of uterus	Osteogenesis imperfecta	GERD
Cancer of skin	Prad-Willi syndrome	Peptic ulcer
Cancer, other unspecified	Sickle cell disease	Cholelithiasis
Cancer of the lung	Sinusitis	Kidney problems
Colon polyps	Acne	Bladder problems
Depression	Premature CHD female first degree	Liver disease
Diabetes	relative less than 65 years	Colon problems
Glaucoma	Premature CHD male first degree	Sexually transmitted disease
Heart disease (CAD)	relative less than 65 years	Anxiety
High cholesterol	Angina	Alzheimer's disease
Hypertension	Heart attack	Blood transfusion
Osteoporosis	Heart murmur	Exposure to hazardous substance
Pulmonary embolism/DVT	Atrial fibrillation	Positive TB skin test
Stroke	Other specified cardiac dysrhythmias	Cholesterol screen
Endometriosis	TIA	Chest X-ray
Fibroid tumors	Thyroid disease	EKG
Psychiatric condition	Lymphoma	Test for occult blood in stool
Epilepsy	Melanoma	Colonoscopy
Tuberculosis	Migraine	Sigmoidoscopy
Canavan disease (Ashkenazi Jewish)	Seizures	Mammography
	Arthritis	PAP smear
Hemophilia	Anemia	Abnormal PAP

Abnormal uterine bleeding	Coronary artery bypass graft	Laser surgery
Assisted reproductive technology (ART)	Deviated septum repair	LEEP
Cystitis	Dilation and curettage	Myomectomy
DES exposure	Hemorrhoidectomy	Plastic surgery
Eating disorder	Hernia repair	Tube repair
Ectopic pregnancy	Hysterectomy	Uterine ablation
Gestational diabetes	Hysterectomy total with removal of both tubes and ovaries	Uterine fibroid embolization
Hernia	Lasik	Bronchoscopy
Pelvic inflammatory disease	Lens implants	Lung biopsy
Polycystic ovarian syndrome	Lobectomy	Cardiac stent
Postpartum depression	Lumpectomy of breast	Carotid endarterectomy
Rheumatic heart disease	Mitral valve replacement	Percutaneous transluminal coronary angioplasty (PTCA)
Uterine Abnormalities	Myringotomy and insertion of T tube	Peripheral arterial bypass/stint
Uterine fibroids	Ovarian cyst removal	Factures
Candidiasis	Thyroid cysts, aspiration	Other
Chlamydia	Thyroidectomy	<b><u>OB HISTORY</u></b>
Condyloma	Tonsillectomy	Number of pregnancies
Gonorrhea	Total hip replacement	Number of live births
Other	Total knee replacement	Number of miscarriages
<b><u>SURGICAL HISTORY</u></b>	Trigger finger release	Number of abortions
Aortic valve replacement	Tubal ligation	
Appendectomy	Unilateral mastectomy	
Back surgery	Anesthesia complications	
Bladder surgery	Breast augmentation	
Breast biopsy	Breast reduction surgery	
Bunionectomy	Sinus Surgery	
Cardiac pacemaker	Cervical biopsy	
Carpal tunnel release	Colposcopy	
Cataract extraction	Cone biopsy	
Cesarean section	Cryosurgery	
Cholecystectomy	Ovaries removed	
Colectomy	Laparoscopy	

**FAMILY HISTORY**

Alcoholism

Anemia

Cancer of the colon

Cancer of the prostate

Cancer of breast

Cancer, other unspecified

Colon polyps

Diabetes

Glaucoma

Heart disease (CAD)

High cholesterol

Hypertension

Osteoporosis

Pulmonary embolism/DVT

Stroke

Thyroid disease

Blindness, early onset

Deafness, early onset

Cancer of the lung

Psychiatric condition

Tuberculosis

Other

**SOCIAL HISTORY**

Current every day smoker

Current some day smoker

Former smoker

Never smoked

Other tobacco use

Passive smoker

Alcohol abuse

Past alcohol abuse

Do you have more than one drink a day?

Past drug use

Current drug user

Seat belt use

Follows a diet

Lives alone

Employed

Have you ever been physically or emotionally abused?

Do you feel threatened by your current relationship?

Sexually active

Had more than one sexual partner in the last year

Sexual relations with someone who used intravenous drugs

Sexual relations with someone who had a sexually transmitted disease

Religious objections to blood transfusion

Single person

Married

Divorced

Widowed

Heterosexual

Homosexual

Do you have a living will?