

FEMALE HISTORY

NAME: _____ DATE: _____

Please circle **ONLY** if applicable.

PAST MEDICAL HISTORY

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

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

Alcoholism	Alcohol abuse
Anemia	Past alcohol abuse
Cancer of the colon	Do you have more than one drink a day?
Cancer of the prostate	
Cancer of breast	Past drug use
Cancer of ovaries	Current drug user
Cancer, other unspecified	Seat belt use
Colon polyps	Follows a diet
Diabetes	Lives alone
Glaucoma	Employed
Heart disease (CAD)	Have you ever been physically or emotionally abused?
High cholesterol	Do you feel threatened by your current relationship?
Hypertension	
Osteoporosis	Sexually active
Pulmonary embolism/DVT	Had more than one sexual partner in the last year
Stroke	
Thyroid disease	Sexual relations with someone who used intravenous drugs
Blindness, early onset	
Deafness, early onset	Sexual relations with someone who had a sexually transmitted disease
Cancer of the lung	Religious objections to blood transfusion
Psychiatric condition	Single person
Tuberculosis	Married
Other	Divorced
<u>SOCIAL HISTORY</u>	Widowed
Current every day smoker	Heterosexual
Current some day smoker	Homosexual
Former smoker	Do you have a living will?
Never smoked	
Other tobacco use	
Passive smoker	