

Patient Health Update

Name _____ Date of Birth _____ Age _____

Occupation: _____ Allergy changes since last visit _____

Current Medications _____

Major life changes since last visit

Hospitalizations or surgeries since last visit

Name of PCP/Internal Med MD _____

Symptoms Checklist

Have you experienced any of the following symptoms recently?

- Changes in moles
- Depression/Mood swings
- Digestive problems
- Hot flashes
- Increased vaginal discharge
- Lumps
- Painful intercourse
- Shortness of breath
- Unpleasant vaginal odor

Other: _____

Birth Control Update

What method of birth control do you currently use? _____

How long? _____

Permanent Contraception

Tubal Ligation _____ When _____

Vasectomy-spouse/partner _____

Check all that apply and indicate occasional, daily or throughout the day.

Caffeine use _____ Tobacco use _____

Alcohol or Drug use _____

Do you take calcium supplements? Yes No Name & Dosage _____

Breast Health

Date of last mammogram _____

Do you do breast self-exams every month? Yes No

Have you noticed any nipple discharge? Yes No

Have you noticed any lumps or other irregularities in your breast? Yes No

Patient Signature: _____

Date: _____