

USF WOMEN'S HEALTH
UNIVERSITY OF SOUTH FLORIDA

Patient Name: _____ Date of Birth: _____
Occupation: _____ Gender: _____
Marital Status: _____ Name of Spouse/Partner: _____
Primary Physician: _____
Referring Physician: _____

Are you here for an: _____ Annual _____ Problem visit _____ Pregnancy

If you are scheduled for an annual but have a problem, please check with the front desk to find out about your copay/if you have coverage. Due to time constraints, we may be able to only see you for a problem OR an annual exam during your scheduled appointment.

If you are here for a problem, please explain:

Medical problems

- Anemia
- Anesthesia complications
- Asthma
- Blood transfusion
- Breast problems
- Congenital heart disease
- Diabetes
- DVT or Blood clot
- Hepatitis
- Herpes
- HIV/AIDS
- Hypertension
- Infertility
- Kidney Disease
- Lupus
- Mental Disorder
- Positive PPD
- Seizures
- Sickle cell anemia
- Spina bifida
- STD
- Thyroid disease
- Migraines
- Heart disease

Other: _____

Surgery

Please list year of surgery

- Appendix (Appendectomy)
- Breast surgery
- Gall bladder (Cholecystectomy)
- Conization of cervix
- C- section
- D&C (Dilation and curettage)
- LEEP
- Removal of ovary (Oophorectomy)
- Ovarian cyst removal
- Pelvic laparoscopy
- Removal of tube and ovary (Salpingoophorectomy)
- Removal of Tubes (Salpingectomy)
- Tubal ligation
- Hysterectomy

Other: _____

Social

How much/How often/How long?

Smoke Cigarettes? _____
Smokeless tobacco/nicotine? _____
Use Alcohol? What type? _____
Other Drugs? _____
Do you accept Blood transfusions? _____
Are you breast feeding? _____
Do you desire pregnancy now? _____
History of domestic violence or abuse? _____

Gynecologic History

Last menstrual period? _____
Periods occur every _____ days and last _____ days
Painful? _____ Heavy? _____

Are you sexually active? _____
Partner(s)? _____ Male _____ Female
Any difficulties with your sex life? _____

Date and result of last pap smear? _____
Any abnormal paps? _____
If so, what treatment? _____

Any STDs:

- Gonorrhea
- Chlamydia
- Syphilis
- Trichomonas
- HIV
- Hepatitis B
- Hepatitis C
- HPV/Warts
- PID

Birth control used in the past:

- Condoms
- The Pill
- The Ring (Nuvaring)
- The patch (Orthoevra)
- Depo-Provera (Depo)
- Implant (Nexplanon/Implanon)
- Progesterone IUD (Mirena, Skyla, etc)
- Copper IUD (Paraguard)
- Tubal ligation
- Vasectomy
- Natural family planning/Rhythm

Menopause Symptoms:

- Hot flashes
- Vaginal Dryness
- Prolapse
- Incontinence
- Mood swings

Past treatments: _____

Health Screening

Last Mammogram? _____
Last colonoscopy? _____

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Last Bone Density (DEXA) scan? _____

Did you have HPV vaccine (Gardasil)? _____

How often do you Exercise? _____

How much Calcium do you get _____ (diet or supplements)?

Do you wear your seatbelt? _____

Review of Symptoms- Please circle all that apply:

General

Weight loss /gain

Fever/ chills

Fatigue

Heat intolerance

Excessive thirst

ENT

Change in vision

Change in hearing

Sore throat

Nose bleeds

Cardiovascular

Chest pain

Loss of consciousness

Palpitations

Heart murmur

Respiratory

Painful breathing

Wheezing

Chronic cough

Shortness of breath

Gastrointestinal

Abdominal pain

Nausea/vomiting

Change in appetite

Frequent diarrhea

Constipation

Dark or blood stools

Indigestion

Involuntary loss of stool or gas

Hematologic

Easy bruising

Swollen lymph glands

Gynecologic

Pain or bleeding with intercourse

Irregular periods

Pelvic pain

Vulvar itching

Abnormal smell or odor

Sexual difficulty

Urinary

Painful urination

Frequent urination

Urinary urgency

Blood in urine

Urinary incontinence

Musculoskeletal

Back pain

Weakness

Joint pain or swelling

Breasts/skin

Breast lump

Nipple discharge

Breast pain

Change in hair

Change in moles/freckles

Rash

Neurologic

Memory changes

Numbness or tingling

Headaches

Seizures

Tremors

Psychiatric

Depression

Anxiety

Mood swing