

## MEDICAL HISTORY - Annual Visit

This medical record is confidential and will not be released to anyone without your written consent except as may be required by law. Please make the clinician aware of any questions you may have regarding the questions on this form.

Name \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Who is your family doctor or other source of medical care? \_\_\_\_\_
2. List all allergies to medicines: \_\_\_\_\_
3. List all medications that you take (prescription and over the counter, include vitamins and supplements): \_\_\_\_\_
4. What birth control method are you using now? \_\_\_\_\_
5. Would you like information about other methods? If so, which method? \_\_\_\_\_
6. First day of last menstrual period (month/day/year): \_\_\_\_/\_\_\_\_/\_\_\_\_ How many days did it last? \_\_\_\_\_
7. How many partners have you had in the last year? \_\_\_\_\_

**YES NO**

8. Was your last period normal? If no, explain: \_\_\_\_\_
9. Has there been any heart disease, stroke, diabetes, or cancer in your family in the last year?  
If yes, please list: \_\_\_\_\_
10. Have there been any changes in YOUR health since your visit? (new illnesses or treatments, breast problems etc.) Please list: \_\_\_\_\_
11. Have you been treated for a sexually transmitted infection since your last exam here?
12. Have you ever been pregnant?  
Number of times you have been pregnant: \_\_\_\_\_  
Number of living children: \_\_\_\_\_  
Ages: \_\_\_\_\_
13. Are you trying to become pregnant? \_\_\_\_\_
14. Do you smoke cigarettes? If yes, amount per day? \_\_\_\_\_
15. Do you drink alcohol? If yes, how often/how much? \_\_\_\_\_
16. Do you or your partner use other drugs? If so, what? \_\_\_\_\_
17. Are you experiencing problems with domestic violence or sexual abuse/coercion? \_\_\_\_\_
18. Do you have any problems today? Please explain: \_\_\_\_\_  
\_\_\_\_\_

**I acknowledge that the above information is correct and complete to the best of my knowledge.**

**Patient Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

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### STAFF NOTES

**STAFF SIGNATURE:** \_\_\_\_\_