

Planned Parenthood of Idaho

Today's Date: _____ Patient # _____
 Name: _____ Date of Birth: _____ Age: _____

PERSONAL MEDICAL HISTORY:

Do you have any drug allergies? YES NO Unsure If you marked "YES," please list: _____

Please list all of your prescription medications: _____
 What non-prescription medications or drugs do you use? (Include all recreational or street drugs, vitamins or supplements)

Do you currently smoke? YES NO If "YES," How many per day? _____
 Do you currently drink? YES NO If "YES," How often? _____ How much? _____

FAMILY HISTORY:

Are you adopted? YES NO If "YES," skip the family history section unless you know your birth families history.
M=Mom. D=Dad. S=Sister. B=Brother. MGF=Maternal Grandpa. MGM=Maternal Grandma. PGF= Paternal Grandpa. PGM=Paternal Grandma U= Unknown

Have any of the above in your family had:	Who? (Please use abbreviations provided above)	Age of onset if known:
Diabetes?		
Heart Attack?		
High Blood Pressure?		
Cancer? Type?		
Blood Clots?		
Stroke?		

REVIEW OF SYSTEMS:

	NO	YES-(Please Clarify)	Clinician Comments
Have you ever been in the hospital or had any surgeries?			
Have you ever been told you had migraines or migraine syndrome?			
Have you had any problems with your ears, eyes, nose or throat? (Glasses/contacts OK)			
Have you had any heart or lung problems?			
High blood pressure or high cholesterol?			
Liver disease or hepatitis?			
Anemia or bleeding disorders?			
Kidney or bladder problems? UTI?			
Do you have diabetes?			
Any history of seizures or convulsions?			
Have you ever had any mental health or emotional problems?			
*Have you ever been hit, punched, slapped or hurt in anyway in the last 12 months by your partner or a family member?			
*Have you ever been sexually assaulted or abused?			

*If you are under 18 and answered yes, we are required to report abuse to the proper authorities
 05/2008 IV HX

Are you up to date on your immunizations?			
Have you been diagnosed with Herpes or Genital warts?			
Have you ever had a breast lump, tumor or problems with your breasts?			
Have you ever been diagnosed with Cancer?Type?			
Have you ever had an infection of the uterus, tubes or ovaries?			
Have you ever had endometriosis/ovarian cysts?			
First day of your last normal period:	Do you have any problems with your period? <input type="checkbox"/> YES <input type="checkbox"/> NO YES," please explain:		
How old were you when you had your first period?	Age at first intercourse?		
Date of last pap smear:	Have you ever had an abnormal pap? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES," when and what were the results?		
Have you ever been pregnant? <input type="checkbox"/> YES <input type="checkbox"/> NO Do you plan on becoming pregnant in the future?	Number of live births:_____ Number of miscarriages: _____ Number of abortions:_____ Number of living children: _____		
Have you had any problems with your pregnancies?			

Contraception:

What is your current method of birth control?	What method would you like?
List all methods you have used in the past:	Have you ever had a problem with birth control? <input type="checkbox"/> Yes <input type="checkbox"/> No Please explain:

Sexual Health History:

	No	Yes
Are you having any sexual problems you would like to talk to the clinician about?		
Are you currently feeling pressured to have sex?		
Are you currently having any unusual vaginal discharge?		
Do you have any bleeding after sex?		
If under 18: Have you been able to talk to your parent about your visit here today?		

Number of partners in the last year: _____

Are your sex partners (circle): Male Female Both

HIV/STI Risk Assessment

	No	Yes
Have you had a new sexual partner in the past 3 months?		
Do you or your partner have more than one partner?		
Do you or your partner inject drugs?		
Have you or your partner had unprotected oral, anal or vaginal sex?		
Have you ever had an STI or pelvic infection?		
Have you ever had a blood transfusion or been given blood products?		

Patient Name: _____ **Patient #:** _____

Clinician Signature: _____ **Date:** _____

*If you are under 18 and answered yes, we are required to report abuse to the proper authorities
05/2008 IV HX