

**Additional History for Women 40 and Over**

Name \_\_\_\_\_ Record Number \_\_\_\_\_  
Date \_\_\_\_\_

**Family History**

No Yes Unsure

- Age's mother and/or sisters went through menopause  
   Osteoporosis

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**Personal History** Have you ever had or do you:

No Yes Unsure

- Difficulty holding urine \_\_\_\_\_  
   Hot flashes \_\_\_\_\_  
   Night sweats \_\_\_\_\_  
   Depression/mood swings \_\_\_\_\_  
   Anxiety \_\_\_\_\_  
   Heart palpitations \_\_\_\_\_  
   Sleeplessness \_\_\_\_\_  
   Dryness of the vagina \_\_\_\_\_  
   Change in sexual desire \_\_\_\_\_  
   Pain or difficulty with urination \_\_\_\_\_  
   Change in bowel habits including bloody or tarry stools \_\_\_\_\_  
   Osteoporosis or broken bones after age 35 \_\_\_\_\_  
   Mammogram: Date of last one \_\_\_\_\_, result \_\_\_\_\_  
   Other problems \_\_\_\_\_

**Notes**

Staff signature \_\_\_\_\_