

CENTRAL VA/OB GYN GROUP

WELCOME TO OUR PRACTICE. AS A NEW PATIENT, PLEASE FILL OUT THE INFORMATION FOUND BELOW TO THE BEST OF YOUR ABILITY.

PATIENT NAME _____ DATE OF BIRTH _____ SOCIAL SECURITY# _____
EMAIL ADDRESS# _____

GYNECOLOGIC HISTORY

DATE OF LAST PAP SMEAR _____ EVER HAD AN ABNORMAL PAP? _____ EXPLAIN _____
DATE OF LAST MAMMOGRAM _____ EVER HAD AN BNORMAL MAMMOGRAM? _____ EMPLAIN _____
EXPOSURE TO DES _____

SEXUAL HISTORY

SEXUAL PREFERENCE -MALE/FEMALE, AGE AT FIRST INTERCOURSE _____
FIVE OR MORE SEXUAL PARTNERS IN LIFETIME _____
EVER HAD A SEXUALLY TRANSMITTED DISEASE (STD)? _____ HERPES, GONORRHEA, CHLAMYDIA, GENITAL WARTS OR
CONDYLOMA (HPV)
ARE YOU HIV POSITIVE? _____ OR DO YOU WISH TO BE TESTED FOR HIV OR ANY OTHER INFECTION? _____

OBSTETRICAL HISTORY

TOTAL NUMBERS OF PREGNANCIES _____, #FULLTERM DELIVERIES _____, #PRETERM DELIVERIES (<8MOS) _____, #MISCARRIAGES _____,
#TUBAL PREGNANCIES _____, #STILLBORNS _____, #VOLUNTARY TERMINATIONS _____,
ANY COMPLICATIONS OF PREGNANCY OR DELIVERY _____

MEDICAL HISTORY:

PATIENT MEDICAL HISTORY:

DIABETES	NO	YES
HYPERTENSION	NO	YES
CANCER	NO	YES
STROKE	NO	YES
HEART TROUBLE	NO	YES
ARTHRITIS	NO	YES
CONVULSIONS	NO	YES
BLEEDING TENDENCY	NO	YES
ACUTE INFECTIONS	NO	YES
VENEREAL DISEASE	NO	YES
HEREDITARY DEFECTS	NO	YES

PREVIOUS HOSPITALIZATIONS/SURGERIES? SERIUOS INJURIES WHEN?

MEDICATIONS:

DRUG ALLERGIES

LMP: _____

DO YOU HAVE A LIVING WILL? YES ___ NO ___

PATIENT SOCIAL HISTORY:

MARITAL STATUS: SINGLE ___ MARRIED ___ SEPARATED ___ DIVORCED ___ WIDOWED ___
USE OF ALCOHOL: NEVER ___ RARELY ___ MODERATE ___ DAILY ___
USE OF TOBACCO: NEVER ___ PREVIOUSLY, BUT QUIT ___ CURRENT-PACKS/ ___ DAY
EXCESSIVE EXPOSURE AT HOME OR WORK TO: FUMES ___ DUST ___ SOLVENTS ___ AIR BORNE PARTICLES ___ NOISE ___

FAMILY MEDICAL HISTORY:

	AGE	DISEASES	IF DECEASED, CAUSE OF DEATH
FATHER	___	_____	_____
MOTHER	___	_____	_____
SIBLINGS	___	_____	_____
SPOUSE	___	_____	_____
CHILDREN	___	_____	_____

REASON FOR VISIT:

HOW DID YOU HEAR ABOUT THE OFFICE (IE.....NEWSPAPER AD) _____