The Woman's Care Center, PC Patient Evaluation

Patient Name:	DOB:						
PCP:	Ph	armacy:					
Personal Past/Present medical Conditions							
Major Illness	Yes	Major Illness	Yes				
Anemia		Heart Attack					
Arthritis/ Joint Pain		Heart Disease					
Asthma		Hepatitis					
Autoimmune Disease		High Blood Pressure					
Blood Clot(s)		High Cholesterol					
Blood Transfusion (s)		HIV/AIDS					
Bowel Problems		Kidney Infection/ Stones					
Broken Bones		Lung Disease					
Cancer Type:		Mental Disorder					
Cataracts		Reflux/ Ulcer					
Depression and/or Anxiety		Seizures/ Convulsions/Epilepsy					
Diabetes		Sexually Transmitted Disease					
Eating Disorder		Stroke					
Migraines		Thyroid Disease					
Other:			·····				
Fam	ily Med	dical History	4				
Mother:		Father:					
Ciblings		Aunt/Uncles:					
Siblings:		Aunt/Oncies:					
Maternal Grandparents:		Paternal Grandparents:					

	So	cial	Histo	ry				
Do you smoke (Circle) Cigarettes Vape Tobacco		How much		How many times per week do you drink alcohol?				
Do you use (circle) Cocaine Narcotics Marijuana Other		How much		How many days per week do you exercise?				
Diet (Circle) Poor Fair Good				How many caffeine drinks do drink per day?	you			
Include Hormon	Currei							
Medication Name & Dosage	How Ofte		ns, prescription & non-Prescription Medication Name & Dosage How Often					
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Outpa	tient Pr	oce	dures	s & Surgeries				
Procedure/Surgery	When			Procedure/Surgery	W	/hen		
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Abnormal Pap Smear Results: Abdominal Surgery Ovarian Cysts Breast Problems What kind: Cesarean Section How Many: Dilation & Curettage Endometriosis Hysterectomy Type: Date of Last Pap Date of Last Pap Date of Last Bone Density Age of First Period: How often do you have periods Last menstrual period (1st Day) Are you currently Pregnant Menopausal Status Ane you sexually active What do you use for Birth Control Pregnancy Details Pregnancy Details Pregnancy Outcome F-Full Term, P=Pre-Term; M=Miscarriage Delivery Type Welsh Sex Baby Weight Infertility Infertility Revisits Osteoprovis Sexual Problems Osexual Problems Sexual Problems Sexual Problems Sexual Problems Sexual Problems Sexual Problems Deturing Abnormality Filt Term (Delivered after 17 weeks) Pre-term (Delivered after 37 weeks) Pre-term (Delivered before 37 weeks) How many Living What do you use for Birth Control Pregnancy Details #11 #2 #3 #4 #5 Pregnancy Outcome F-Full Term, P=Pre-Term; M=Miscarriage Delivery Type V= Vaginal; C= C-Section; VBAC Location/ Delivered By Baby Sex Baby Weight	GYN Histo	ory (plea	ase cl	neck i	if curr	ent or pa	st)			
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Complications of Pregnancy	#1	#2	#3	#4	#5
Gestational Diabetes					
Gestation Hypertension		:			
Pre-Eclampsia					
Postpartum Hemorrhage					
Preterm Labor					
Size Discrepancy					
Placenta/Amniotic Fluid					
Other:					

Please add anything that you would like to discuss with the provider that has not been previously listed.							
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