



# COMPLETE WOMEN'S CARE OF ALABAMA

Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Single  Married  Divorced  Widowed  Female Partner

## Medical and Surgical History

Please list any changes to your medical condition(s) since your last visit to CWC Alabama \_\_\_\_\_

Date of last breast exam/mammogram: \_\_\_\_\_ Date of last pelvic exam/PAP smear: \_\_\_\_\_

Have you ever had an abnormal PAP smear?  Yes  No If yes, what kind of treatment did you receive and when? \_\_\_\_\_

If you're over the age of 50, what is the date of your last colonoscopy? \_\_\_\_\_

Do you smoke or use tobacco products?  Yes  No Do you drink alcoholic beverages?  Yes  No

What is your current form of birth control?  Abstinence  Nothing  Condoms  Pills  Patch  IUD

Depo Shot  NuvaRing  Nexplanon  Tubal Ligation  Hysterectomy  Vasectomy  Other \_\_\_\_\_

Please list any type of surgery performed since you were last seen here \_\_\_\_\_

Are you currently under the care of any other physician(s)? If so, please list the physician name and reason for treatment(s) \_\_\_\_\_

Please list all known allergies \_\_\_\_\_

List all current prescriptions and any over the counter medications \_\_\_\_\_

-Answer ONLY if you're still having menstrual cycles

Date of last menses: \_\_\_\_\_ Are cycles regular?  Yes  No How many days of menstrual flow? \_\_\_\_\_ Flow is best described as:  Heavy  Medium  Light Do you have pain with your cycles?  Yes  No If yes, does the pain start the day flow starts or before? \_\_\_\_\_

## Reproductive History

If you have had any additional pregnancies and/or deliveries since you were last seen here, please list below:

Month/Day/Year	Name	Sex	Weight	Vag or C/S	Anesthesia	Complications	Location
1	_____	_____	_____	_____	_____	_____	_____
2	_____	_____	_____	_____	_____	_____	_____
3	_____	_____	_____	_____	_____	_____	_____

## Family History

Do you have any new family history of osteoporosis, breast cancer, colon cancer or ovarian cancer?

Yes  No If yes, please explain: \_\_\_\_\_