

WOMEN'S HEALTH HISTORY

#Pregnancies _____ #Deliveries _____ #Abortions _____ #Miscarriages _____
 #Ectopic pregnancies _____ #Premature deliveries _____ Age periods started _____ Regular Irregular Spotting
 Date of last pap smear: _____ Any abnormal pap smears? No Yes, list date: _____ Breast Implants Yes No
 Age at menopause _____ Age periods ended _____ Taking hormones Yes No Date of last period started _____

REVIEW OF SYMPTOMS Please check any **current / recent** symptoms you have:

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| <p>Constitutional:</p> <p>_____ Fever</p> <p>_____ Chills</p> <p>_____ Malaise (<i>feeling out of sorts</i>)</p> <p>_____ Fatigue</p> <p>_____ Weight gain _____ lbs</p> <p>_____ Weight loss _____ lbs</p> <p>Eyes:</p> <p>_____ Eye pain</p> <p>_____ Red eye</p> <p>_____ Dry eye</p> <p>_____ Itchy eyes</p> <p>_____ Discharge from eyes</p> <p>_____ Blurry vision</p> <p>_____ Eyesight problems</p> <p>_____</p> <p>ENT:</p> <p>_____ Earache</p> <p>_____ Hearing loss</p> <p>_____ Nosebleeds</p> <p>_____ Postnasal drip</p> <p>_____ Nasal discharge</p> <p>_____ Hoarseness</p> <p>_____ Sneezing</p> <p>_____ Sore throat</p> <p>_____ Vertigo (<i>dizziness</i>)</p> <p>Cardiovascular:</p> <p>_____ Chest pain</p> <p>_____ Radiating chest pain</p> <p>_____ Palpitations (<i>irregular beating of the heart</i>)</p> <p>_____ Shortness of breath</p> <p>_____ Rapid heart rate</p> <p>_____ Slow heart rate</p> <p>_____ Edema (<i>swelling</i>)</p> <p>_____ Leg claudication (<i>tiredness, pain, trouble walking</i>)</p> <p>_____ Fainting</p> <p>Respiratory:</p> <p>_____ Shortness of breath</p> <p>_____ Wheezing</p> <p>_____ Cough</p> <p>_____ Dyspnea (<i>shortness of breath on exertion</i>)</p> | <p>_____ Orthopnea (<i>difficult breathing lying down</i>)</p> <p>_____ Hemoptysis (<i>Coughing up blood</i>)</p> <p>_____ PND (<i>waking up short of breath</i>)</p> <p>Gastrointestinal:</p> <p>_____ Abdominal pain</p> <p>_____ Vomiting</p> <p>_____ Nausea</p> <p>_____ Anorexia</p> <p>_____ Constipation</p> <p>_____ Diarrhea</p> <p>_____ Melena (<i>Black tarry stools</i>)</p> <p>_____ Bright red blood per rectum</p> <p>_____ Heartburn</p> <p>_____ Change in the stool</p> <p>Genitourinary:</p> <p>_____ Dysuria (<i>painful urination</i>)</p> <p>_____ Frequent urination</p> <p>_____ Incontinence (<i>leaking of urine</i>)</p> <p>_____ Pruritus (<i>severe itching</i>)</p> <p>_____ Hesitancy (<i>difficulty urinating</i>)</p> <p>_____ Pelvic pain</p> <p>_____ Nocturia (<i>excessive urination at night</i>)</p> <p>_____ Genital lesions</p> <p>_____ Testicular pain (<i>male only</i>)</p> <p>Musculoskeletal:</p> <p>_____ Arthralgias (<i>pain in one or more joints</i>)</p> <p>_____ Myalgia (<i>muscle pain</i>)</p> <p>_____ Joint pain</p> <p>_____ Joint swelling</p> <p>_____ Joint stiffness</p> <p>_____ Limb pain</p> <p>_____ Neck pain</p> <p>_____ Back pain</p> <p>_____ Limb swelling</p> <p>Integumentary:</p> <p>_____ Rash</p> <p>_____ Skin lesions</p> <p>_____ Skin wound</p> <p>_____ Itching</p> <p>_____ Night sweats</p> | <p>_____ Breast pain</p> <p>_____ Breast lumps</p> <p>_____ Change in a mole</p> <p>_____ Change in hair</p> <p>_____ Change in nails</p> <p>_____ Nipple discharge</p> <p>Neurological:</p> <p>_____ Headache</p> <p>_____ Confused</p> <p>_____ Convulsions</p> <p>_____ Tinnitus (<i>ringing in ears</i>)</p> <p>_____ Dizziness</p> <p>_____ Syncope (<i>Fainting</i>)</p> <p>_____ Paresthesia (<i>Tingling</i>)</p> <p>_____ Dysesthesia (<i>Unpleasant sense of touch</i>)</p> <p>_____ Paresis (<i>Limb weakness</i>)</p> <p>_____ Difficulty walking</p> <p>Psychiatric:</p> <p>_____ Suicidal</p> <p>_____ Sleep disturbances</p> <p>_____ Anxiety</p> <p>_____ Depression</p> <p>_____ Change in personality</p> <p>_____ Homicidal thoughts</p> <p>_____ Emotional problems</p> <p>Endocrine:</p> <p>_____ Proptosis (<i>bulging eyes</i>)</p> <p>_____ Muscle weakness</p> <p>_____ Polyuria (<i>excessive urination</i>)</p> <p>_____ Erectile dysfunction</p> <p>_____ Deepening of the voice</p> <p>_____ Polydipsia (<i>excessive thirst</i>)</p> <p>_____ Feeling of weakness</p> <p>Heme/Lymph:</p> <p>_____ Easy bleeding</p> <p>_____ Easy bruising</p> <p>_____ Swollen glands</p> <p>_____ Swollen gland in neck</p> <p>Other: _____</p> |
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