



HEALTH INTAKE FORM - PAGE 02

Name:

DOB:

Today's Date:

ALLERGIES

No known allergies

Please list all known allergies including food, drug, environmental; Please note any life-threatening reactions.

MENSTRUAL HISTORY

Age of first Menses:

Cramps/Pain

Light

Moderate

Severe

Frequency of Menses:
(i.e. every 28 days)

Current birth control method:

Duration of Menses:
(i.e. 5 days)

Age of Menopause:

First day of last menses:

Menopausal symptoms:
(i.e. hot flashes, night sweats, mood swings)

Flow

Light

Medium

Heavy

Hormone Replacement Therapy:

Breakthrough bleeding

Clots

How many years?

PREGNANCY HISTORY

Total Pregnancies:

Terminations:

Full term deliveries:

Miscarriages:

Preterm deliveries:

Stillbirths:

Number of living children:

Ectopic pregnancies:

List any complications of your pregnancies



Name:	DOB:	Today's Date:
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SOCIAL HISTORY

Substance Use

Tobacco Use:	Exercise:	Sexual Preference:	
Alcohol Use:	Eating Habits:	Abuse History:	
Drug Use:	Seat Belt Use:	Past	Present
		Mental	Sexual
		Physical	

REVIEW OF SYSTEMS

(Check any past or present)

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| <ul style="list-style-type: none"> Weight Loss Weight Gain Fever Fatigue Blurred Vision Double Vision Spots before eyes Loss of Hearing Sinus Problems Earaches Ringling of ears Difficulty Swallowing Frequent Sore Throats Chronic Cough Coughing of Blood Shortness of Breath Breathing Difficulty Wheezing Chest Pains Palpitations Racing/Skipped Heartbeats Loss of Appetite Excessive Appetite Nausea Vomiting Abdominal Pains Bloody Stools Change In Bowels Indigestion Urinary Frequency Urgency Blood In Urine Inability to Control Bladder Painful Urination | <ul style="list-style-type: none"> Missed/Irregular Menses Lack of Sex Drive Painful Intercourse Genital Sores Joint Swelling Stiffness Back Pain Joint Pain Loss of Strength Rash Lesions/Moles Itching Discoloration Breast Pain Discharge from Nipples Breast Lump Headaches Poor Balance Memory Loss Tremors Numbness Seizures Anxiety Fear Depression Difficulty Concentrating Thoughts of Suicide Thoughts of Violence Excessive Thirst Excessive Hunger Excessive Urination Heat/Cold Intolerance Enlarge Lymph Nodes Abdominal Bruising |
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