CONTEMPORARY women's HEALTH™
10031 Sherrill Blvd | Knoxville | TN 37932 | p: 865.540.1650 | f: 865.246.4755

OB/GYN HISTORY FORM

Chart# _____

Name:	**Date of Birth:**	**Date:**

PAST MEDICAL HISTORY

	Yes	No	Details			Yes	No	Details
Cancer					Elevated Cholesterol			
Thyroid Disorder					Mitral Valve Prolapse			
Diabetes					Hypertension			
Asthma					Heart Disease			
Migraine					Kidney Stones			
Seizures					Urinary Tract Infection (UTI)			
Anemia					Heartburn			
Sickle Cell Anemia					Irritable Bowel Syndrome			
HIV					Cholelithiasis			
Hepatitis					Hemorrhoids			
DVT					Diverticulitis			
Coagulation Disorder					Peptic Ulcer			
Osteoporosis					Glaucoma			
Depression					Emphysema			
Ovarian Cyst					Breast Cancer			
HPV					Fibrocystic Breast			
Abnormal Pap Smear					Breast Cyst			
Previous STD					**Other:**			
Fibroids								
Endometriosis								

SURGICAL HISTORY

List Surgery	**Date**

ALLERGIES/REACTION

Allergy to	**Reaction**

SOCIAL HISTORY

	Yes	No		Yes	No
Smoke If yes, _____ pk/day for _____ years			Exercise		
Drink Alcohol If yes, _____ oz/day for _____ years			Domestic Violence (Past or Present)		
Drug Use If yes, type: _____			Married Status: _____ Married _____ Widow _____ Divorced _____ Single		
Caffeine Use			Occupation		
Seat Belt Use					

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FAMILY MEDICAL HISTORY

	Yes	No	Relative/Age
Breast Cancer			
Ovarian Cancer			
Colon Cancer			
Uterine Cancer			
Hypertension			
Heart disease			
Stroke			
Thyroid Disorders			
Diabetes			

MENSTRUAL HISTORY

Last Menstrual period:
How often : How long:
Birth control method:
Menopause? **Yes** **No** If yes, at what age?
Age of 1st Menstruation:

SCREENING TESTS

	Date	Result
Pap Smear		
Mammogram		
Colonoscopy		
Dexa Scan		

PREGNANCY HISTORY

Total Number of pregnancies:	
# of Full term (37 + weeks):	# of Premature:
# of Miscarriages:	# of Abortions:
Date of delivery	**Pregnancy details,** Include: type of delivery, birth weight, weeks pregnant at delivery, complications

VACCINES **(Are you up to date on the following vaccinations?)**

	Yes	No		Yes	No
Tdap			HPV/ Gardasil		
Hepatitis A			MMR/ Rubella		
Hepatitis B			Seasonal Flu		
Coronavirus (COVID-19)					

MEDICATION LIST

 | Updated 01/12/2022