WOMENS GROUP OF FRANKLIN, PLLC

PATIENT QUESTIONAIRE

Name _____ DOB _____ Date _____

Age _____ Currently Pregnant? ☐ Yes ☐ No Trying to Get Pregnant? ☐ Yes ☐ No

# of pregnancies _____ # of miscarriages _____ # of abortions _____ # of live births _____

Referred by _____

Reason for today's visit _____

First Day of Last Menstrual Period _____ Current method of birth control _____

Menstrual Flow: _____ days between periods _____ days of flow

Date of last Pap smear _____ Any history of abnormal Paps? _____

Date of last mammogram _____

Medical History: Please list any medical problems.

Surgical History: Please list any past surgeries.

Medications: Please list all medications including vitamins, herbs, and over-the-counter drugs.

Allergies: Please list all drug allergies and the reaction you have with them.

Family History: Please list any medical conditions in your family including the family member who has the problem (for example: breast cancer---grandmother; diabetes---sister, brother).

Social History: Do you smoke? _____ How much? _____

Drink Alcohol? _____ How much? _____

Occupation: _____

PLEASE TURN PAGE OVER FOR MORE INFORMATION

WOMEN'S GROUP OF FRANKLIN, PLLC

PATIENT QUESTIONAIRE

Name _____

Are you currently having any of the following problems? Please check all that apply.

☐ Skipping Periods
☐ Heavy Periods
☐ Painful Periods
☐ Pelvic Pain
☐ Pain with Intercourse
☐ Vaginal Discharge
☐ Exposure to Sexually Transmitted Disease
☐ Excessive Hair Growth
☐ Hot Flashes
☐ Pain with Urination
☐ Frequent Urination
☐ Involuntary Loss of Urine
☐ Sexual Assault or Abuse
☐ Breast Mass
☐ Painful Breast
☐ Nipple Discharge

☐ Fever
☐ Weight Loss
☐ Dizziness
☐ Fatigue
☐ Appetite Loss

☐ Sore Throat
☐ Nosebleeds
☐ Runny Nose
☐ Eye Pain
☐ Visual Changes
☐ Hearing Loss

☐ Shortness of Breath
☐ Cough
☐ Pain with Breathing

☐ Nausea
☐ Diarrhea
☐ Painful Bowel Movements
☐ Vomiting
☐ Constipation
☐ Bloating

☐ Skin Rash
☐ Swelling
☐ Bruising
☐ Cuts

☐ Headaches
☐ Numbness
☐ Weakness

☐ Agitation
☐ Confusion
☐ Depression
☐ Hostility
☐ Suicidal Thoughts

☐ Excessive Bleeding from Cuts
☐ Swollen Lymph Nodes

☐ Asthma
☐ Seasonal Allergies
☐ Bronchitis

☐ Chest Pain
☐ Irregular Heart Beat
☐ Leg Swelling

☐ Muscle Pain
☐ Arthritis
☐ Swollen Joints