

ANNUAL HEALTH HISTORY UPDATE

Patient Name:	DOB:
Status (circle): Married Single Divorced Widow Current Relationship	
Employment: No Retired YES Occupation:	
Lab Preference (Circle) Elliot Quest Diagnostic LabCorp Converge Other:	
PCP:	

Current Medications (Include all vitamins, supplements, calcium and dosages):

****List All Current Medications on the back of this sheet*******

List All Medication Allergies:

Is there any new Personal MEDICAL or SURGICAL history since your last visit?

NO YES Details:

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Is there any new FAMILY medical history since your last visit?

NO YES Details:

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Last Menstrual Period date (1st day of):

How often do you have your menses (Example: every 28 days):

How long do your menses last (example: 5 days)

How heavy is your menstrual flow: Light Moderate Heavy

Do you experience cramping or pain with your menses? No Yes

Are you sexually active: NO YES **Sexual Preference:** Male Female Bisexual

Have you had any new sexual partner(s) in the last 12 months: NO YES

Current Contraception (Birth Control Method):

Do you smoke: Never Quit(date): Current smoker **Amount:**

Do you drink alcohol: NO YES Type/Amount per week:

Do you Exercise: NO YES Type and amount per week:

How many servings of dairy do you have daily?

Are you experiencing any of the following symptoms:

NO	YES	Symptom
		Urinary incontinence (Loss or urine spontaneously or with coughing, sneezing, jumping)
		Vaginal Dryness
		Vaginal Discharge
		Pain with intercourse or sexual activity
		Pelvic pain
		Hot Flashes or Night Sweats
		Mood changes (example: depression, anxiety, anger)
		Bleeding between menstrual cycles, after intercourse or postmenopausal bleeding
		Other Symptoms: