**Women’s Wellness Center | Columbia Hormone Health**

**Adult Female Medical History Form**

**Name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Age** \_\_\_\_\_\_ **Date of Birth** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Today’s Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**DRUG ALLERGIES**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **LATEX Allergy? \_\_YES \_\_ NO**

**PERSONAL HEALTH HISTORY: Check all that apply:**

* No Medical Problems
* Anxiety
* Depression
* Fibromyalgia
* Arthritis
* Osteopenia/Osteoporosis
* Diabetes
* Asthma
* Seizures
* Hypothyroidism or Thyroiditis
* High Cholesterol
* High Blood Pressure
* Heart Disease
* Blood Clot or Embolus
* Liver Disease
* Abnormal Pap
* Migraines
* Urinary Incontinence
* Chronic Pelvic Pain
* Irritable Bowel Syndrome
* Breast Biopsy
* Breast Cancer

**Other Medical Conditions or Comments:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Current Primary Care Provider:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Gyn Provider**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH SCREENINGS: Enter Month/Year of Most Recent:**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Pap Test \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Mammogram \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Colonoscopy \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DEXA Scan

**CURRENT MEDICATIONS/NUTRITIONAL SUPPLEMENTS AND DOSAGE**:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SURGERIES (list year)**: **\_\_\_ NO Surgery**

* Hysterectomy Year \_\_\_\_\_\_\_\_ **Other Surgeries** (List Year) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Both ovaries removed Year \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* One ovary removed Year \_\_\_\_\_\_\_\_ ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MENSTRUAL HISTORY: Do you currently have menstrual periods?**

\_\_\_\_ YES First day of last period \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are period intervals regular? \_\_\_\_\_ Not regular, explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_ NO Approximate year/month periods ceased: \_\_\_\_\_\_\_\_\_\_\_\_

**SEXUAL ACTIVITY:** \_\_\_\_ Never \_\_\_\_ Past, not current \_\_\_\_ Current \_\_\_\_ Male Partner \_\_\_\_ Female Partner

**CONTRACEPTION METHOD: Check all that apply:**

* NO contraception
* Tubal Sterilization
* Partner Vasectomy
* Oral Contraceptive Pills
* IUD, Paragard
* IUD, Progestin (Mirena,Liletta)
* NuvaRing
* Nexplanon
* Natural Family Planning
* Condoms
* Other contraception: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**OBSTETRIC HISTORY: \_\_\_ Never Pregnant**

\_\_\_\_ Vaginal Births

\_\_\_\_ Cesarean Sections

\_\_\_\_ Miscarriages

\_\_\_\_ Ectopic Pregnancies

\_\_\_\_ Biologic Living Children

\_\_\_\_ Adopted Children

**SOCIAL HISTORY:**

**Marital Status:** \_\_\_Married \_\_\_ Single \_\_\_ Divorced \_\_\_ Widowed \_\_\_ Live w/partner

**Employer:** \_\_\_\_\_\_­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Occupation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Smoke/Vape**  \_\_\_NO \_\_\_ Quit \_\_\_YES, Times per day/week \_\_\_\_\_\_ **Drink Alcohol**  \_\_\_ NO \_\_\_ YES, Drinks per day/week \_\_\_\_\_\_\_

**FAMILY MEDICAL HISTORY: List which relatives have:**

* Alzheimer’s/Dementia \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Heart Disease \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Diabetes \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Osteoporosis \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Colon Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Breast Cancer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Patient Signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Revised 7/31/23