WAKE FOREST UNIVERSITY
Health History for Women

Name _____ Date of Birth_____

Today's Date_____

FAMILY HISTORY: Has any close relative had...

___heart attack before age 60?
___breast cancer?
___stroke?
___high blood pressure?
___high cholesterol?
___diabetes?
___clotting disorder?
___gall bladder disease?
___thyroid disease?
___epilepsy?
___kidney or bladder disease?
___birth defects?
___miscarriage before 1972? (your mother only)

YOUR MEDICAL HISTORY: Have you ever had…

___anemia?
___sickle cell disease or trait?
___bleeding disorder?
___abnormal vaginal bleeding
___blood clot?
___high blood pressure?
___high cholesterol?
___epilepsy?
___migraine headaches?
___varicose veins?
___heart murmur or heart disease?
___cerebral hemorrhage?
___diabetes?
___breast lump or discharge?
___thyroid disorder?
___asthma?
___bladder or kidney disease?
___depression or mood swings?
___gall bladder disease?
___cancer or tumors?
___weight gain or loss of 10 pounds or more in one year?
___contact lens?
___blood transfusion? Date_____

Current medications _____

Are you allergic to any medications?_____ If so, which_____

DO YOU USE: tobacco?_____ alcohol?_____ recreational drugs?_____

GYNECOLOGICAL HISTORY:

Last period began_____
Age at onset of first period_____
Length of periods_____
Number of days between periods_____
Bleeding between periods?_____
Missed periods?_____
Cramps?_____ Treatment:_____
PMS?_____
Change in periods in past year?_____
Date of last pelvic exam_____

Many of these questions are very personal. They are relevant to your health and the type of contraception you may choose. Please feel free to discuss with your examiner any questions you do not understand or hesitate to answer. This information is kept in strict medical confidence.

SEXUAL HISTORY:
Have you ever had intercourse?_____
Age at first intercourse_____
Number of partners until now_____
Pain or bleeding with intercourse?_____
Have you ever been pregnant?_____

Have you had, or been exposed to:

___yeast infection?
___trichomonas?
___herpes?
___genital warts?
___chlamydia?
___gonorrhea?
___HIV/AIDS?
___pelvic inflammatory disease?

Have you ever had an abnormal pap smear?_____
What is the method of contraception you use now?_____
Method of contraception you desire today?_____
Do you use condoms to protect yourself from sexually transmitted diseases?_____
Do you want to discuss any problems related to sexuality? (For example, intercourse against your will, sexual orientation, abstinence)_____

HORMONAL CONTRACEPTIVE INFORMATION
Many women get prescriptions for hormonal contraceptives through the Student Health Service.

It is important to understand that these contraceptives, though highly effective, are not 100% effective in preventing pregnancy.

Also, there are some rare but important risks that may be associated with hormonal contraceptive use. These include risk of stroke, heart attack, blood clots, high blood pressure, thrombophlebitis, migraine headaches, liver tumors, gall bladder disease, and diabetes. Since smoking may increase some of these risks, women who are taking hormonal contraceptive strongly are advised not to smoke.

Patient's signature_____

Interviewer's signature_____