



ISAAC HALFON MD FACOG
Self Medical History

Last Name : \_\_\_\_\_ First: \_\_\_\_\_ DOB \_\_\_\_\_ Age \_\_\_\_\_

WHEN WAS THE LAST WELL WOMEN EXAM (annual exam)

1st day of last menstrual cycle: \_\_\_\_\_
Are periods generally regular? [ ] Y [ ] N
Flow: [ ] Heavy [ ] Moderate [ ] Light
Last pap smear date: \_\_\_\_\_ Where: \_\_\_\_\_ Results: [ ] Normal [ ] Abnormal
Last mammogram date: \_\_\_\_\_ Where: \_\_\_\_\_ Results: [ ] Normal [ ] Abnormal
Last bone density study: \_\_\_\_\_ Where: \_\_\_\_\_ Results: \_\_\_\_\_
# of pregnancies: \_\_\_\_\_ # of full term: \_\_\_\_\_ # of pre mature (earlier than 1 month) \_\_\_\_\_
# of miscarriages: \_\_\_\_\_ # of terminations: \_\_\_\_\_
Are you presently having sexual relations? [ ] Y [ ] N Type of contraception used: \_\_\_\_\_
Do you have pain during or after intercourse? [ ] Y [ ] N Any bleeding after intercourse? [ ] Y [ ] N

Past Medical History Have you had or do you have any of the following? Check all that apply

- High Blood Pressure, Heart Disease, Blurred Vision, High Cholesterol, Dizzy Spells, Mononucleosis, Accidental Loss of Urine, Kidney/Bladder Disease, Gallbladder Disease, Hepatitis/Liver Disease, Thyroid Disease, Other:
Varicose Veins, Difficulty Breathing, Migraines, Severe Headaches, Epilepsy / Seizures, Wt Gain > 10 lb., Wt Loss > 10 lb., Nose Bleeds, Skin Condition, Breast Lumps, Fevers or Hot Flushes
Abnormal Pap Smears, Pelvic Infections, Uterine Fibroids, Vaginal Itch, Vaginal Discharge, Pelvic Pain, Genital Warts, Gonorrhea, Herpes, Chlamydia, Other Sexually Transmitted Disease
Cough, Constipation, Diarrhea, Stroke, Cancer, Diabetes, Blood Clots, Anemia, Depression, Heart burn

Medicine Allergies: \_\_\_\_\_

Present Medications: \_\_\_\_\_

Other Medication: [ ] Aspirin [ ] Sleeping Pills [ ] Diet Pills [ ] Nerve Pills [ ] Recreational Drugs [ ] IV Drugs

Smoker: [ ] Y [ ] N Packs/Day: \_\_\_\_\_ Age Started \_\_\_\_\_

Alcohol Use: None Daily Weekly Social/Holiday

Special diet or exercise program? [ ] Y [ ] N \_\_\_\_\_

Are you being physically or emotionally abused? [ ] Y [ ] N

List Surgeries, dates and types: \_\_\_\_\_

Family History Check all that apply to your immediate family, i.e. grandparents, parents, siblings

- Heart Disease, Stroke, High Blood Pressure, Diabetes, Breast Cancer, Colon Cancer, Ovarian / Uterus / Cervical Cancer, Genetic abnormalities (birth defects), Bleeding Tendencies, Sickle Cells, Twins

Other Information Occupation: \_\_\_\_\_ Religion: [ ] Protestant [ ] Catholic [ ] Jewish [ ] Hindu [ ] Muslim [ ] Other \_\_\_\_\_