34301 23 Mile Rd., Ste. 100
New Baltimore, MI 48047
(586)725-1770

GYNECOLOGICAL HISTORY

Patient Name: _____
Date of Birth: _____
Physician: _____
Today's Date: _____

Date of Last Menstrual Period: _____

Are you post-menopausal? Y N

Have you had a hysterectomy? Y N Date of hysterectomy: _____

Are you on birth control medication? Y N If so, which one? _____

How many times have you been pregnant? _____

How many live births have you had? _____
Full-term _____ Premature _____
Vaginal delivery _____ C-Section _____

How many miscarriages have you had? _____

How many abortions have you had? _____

Date of last pap exam: _____

Date of last mammogram: _____