

Today's Date \_\_\_\_\_

*Thank you for choosing Roper St. Francis Physician Partners OB/GYN. Please fill out this questionnaire completely, as best you can.*

**About You:**

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Reason for this visit: \_\_\_\_\_

How did you hear about us? \_\_\_\_\_

**Obstetrical History:**

Total # of pregnancies: \_\_\_\_\_ Total # of term deliveries: \_\_\_\_\_

Total # of pre-term deliveries: \_\_\_\_\_ Total # of live births: \_\_\_\_\_

Total # of miscarriages: \_\_\_\_\_ Total # of induced abortions: \_\_\_\_\_

Total # of living children: \_\_\_\_\_

**GYN History:**

Date of last pap smear: \_\_\_\_\_

Have you had abnormal pap smears? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you had treatment for abnormal smears? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what type(s) of treatment have you had? Cryotherapy \_\_\_\_\_ Laser \_\_\_\_\_

Cone biopsy \_\_\_\_\_ Loop excision (LEEP) \_\_\_\_\_ Other \_\_\_\_\_

Date of last mammogram: \_\_\_\_\_ (MM/YY)

Have you had an abnormal mammogram? Yes \_\_\_\_\_ No \_\_\_\_\_

**About Your Children:**

Name	Sex	Date of Birth	Birth Weight	Pregnancy/Delivery Problems	Physician	Method of Delivery (vaginal or cesarean)



**Allergies:**

Do you have seasonal or environmental allergies? \_\_\_\_\_ Any allergies to drugs or medications? \_\_\_\_\_  
If yes, please list below:

Name of drug or medication	Reaction and severity

**Questions about your lifestyle:**

Current contraception method: \_\_\_\_\_

Do you use tobacco products? \_\_\_\_\_ Amount used and length of use: \_\_\_\_\_  
Do you have a cough? \_\_\_\_\_ Do you have shortness of breath: \_\_\_\_\_

Do you use alcoholic beverages? \_\_\_\_\_ How much? \_\_\_\_\_ How often? \_\_\_\_\_  
Type of alcoholic beverage used: \_\_\_\_\_

Do you use “recreational drugs”? \_\_\_\_\_ Please describe: \_\_\_\_\_

**General Health Overview:**

Organ system	Problem	Duration	Treatment	Treating Physician
Skin				
Eyes, ears and nose				
Throat				
Breasts				
Lungs				
Cardiovascular				
Digestive				
Bladder and kidneys				
Musculoskeletal				
Endocrine				
Reproductive				
Allergies				
Other				