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PATIENT QUESTIONNAIRE

Past Medical and Family History

These questions will help us find out what illnesses you have had, or which ones have been detected in your family. Family members mean grandparents, parents, sisters, brothers, sons and daughters.

Please check the correct answers in this list:

		Yourself		Family	
		Yes	No	Yes	No
1.	Heart Disease/Valvular/Rheumatic Disease				
2.	Hypertension/High Blood Pressure				
3.	Diabetes				
4.	Lung Problems/Asthma/TB				
5.	Headaches/Migraines				
6.	Abnormalities of the cervix/uterus/ovaries				
7.	Breast Disease/Lumps/Cysts				
8.	Jaundice/Hepatitis				
9.	Gallbladder Disease				
10.	Hiatal Hernia/Peptic Ulcer Disease				
11.	Bowel Disorders				
12.	Kidney/Bladder Disease				
13.	Urinary Incontinence				
14.	Urinary Tract Infections				
15.	Anemia/Blood Disorders				
16.	Varicose Veins/Phlebitis				
17.	Skin Disease/Rash				
18.	Neurological Disorder/Epilepsy/Convulsion				
19.	Cancer				
20.	Thyroid Problems				
21.	Trouble with nerves/depression				
22.	Night Sweats				
23.	Genetic Abnormalities				
24.	Broken Bones				
25.	Chronic illness requiring frequent care				
26.	In utero DES exposure				
27.	Excess weight gain/loss				

If you answered "yes" to any of the above, please explain:

_____

_____

_____

Surgeries/Hospitalization/Major Injury/Illness

Date	Reason for admission/injury/illness
_____	_____
_____	_____
_____	_____

Health Maintenance

	Date Last Done	Result(circle one)	If abnormal, please explain
Tetanus Shot	_____	N/A	N/A
TB Skin Test	_____	no reaction/reaction	_____
Pap Smear	_____	normal /abnormal	_____
Mammogram	_____	normal /abnormal	_____

Medications

If you are currently taking any medications (prescription or non-prescription), please complete the information for these below:

	Name of Medication	Dosage	How often	What For	How long taken
1.					
2.					
3.					
4.					

Allergies

	What are you allergic to?	What type of reaction?	Do you require treatment?
1.			
2.			
3.			

Obstetrical History

	Date	Sex	Weight	Vaginal/Cesarean	Complications
1.					
2.					
3.					
4.					

Gynecological History

Age of first period: _____ years old
First day of last period: _____
Duration of flow (how long do they last): _____ days
Length of cycle (how long between cycles): _____ days
Cramps?: Mild / Moderate / Severe

Flow?: Mild / Moderate / Severe
Current method of birth control: _____
If taking birth control pills:
Name _____
When Started _____

Are you satisfied with your current method of birth control? Yes / No

Social History

Smoke Yes / No Amount: _____ per day for _____ years
Alcohol Yes / No Amount: _____ per day for _____ years
Caffeine Yes / No Amount: _____ per day for _____ years
Other Drugs Yes / No Marijuana / Cocaine / LSD / Crack / Other _____

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Pre-Physical Examination Information

Patient name: _____ Date: _____

1. The purpose of this letter is to explain the reason for and proper method of somethings that your doctors staff will do to help you during this visit. During any typical visit, you may be asked very personal questions and then undergo even more personal physical examinations. Our desire is that you better understand these procedures as you have your examination.

2. When you come into our office, you do not have to surrender your rights of privacy and personal security. You may remain in control of what you do and what can be done to you. What does happen is that you and the health care providers enter into a partnership where you work together to assure the best health of the patient. The health care providers are responsible for making sure that you understand as much as possible about every procedure that takes place. Also, it is the policy of this office that during any portion of the physical examination a chaperon will be provided. Finally, if at any time during an examination or treatment you do not understand what is happening you have the right and responsibility to ask for more information. Below are described some of the parts of the physical examination which will be performed during your visit.

3. **Breast (Both sexes):** The breast tissue and the underlying structures are examined visually and by touch for any abnormalities that you may need treatment. Because the tissue in and around the breast can be affected by a variety of medical conditions, it is sometimes necessary to examine the chest and breasts even when your main visit is not the breast. The examination may be very brief or very detailed, depending in the findings and condition that is being investigated. Also, you may be asked to sit or lie in different positions so that the provider can see subtle changes in the structure. However, as stated above you should be a good understanding of each procedure and its intent during the examination.

4. **Genitalis (male):** The penis, scrotum, and testicles can be viewed or examined to investigate a variety of conditions. The inguinal canal, a passage for several structures in the groin, is usually examined by pressing a gloved finger up from below on either side of the groin. Because each of these structures have many nerve fibers, these examinations may be uncomfortable.

5. **Genitalia (female):** The female genitalia are examined visually, by gloved hands, and usually with medical instruments. As with other organs, it may be necessary to examine the genitalia, even though the primary concern is not directly related to those structures. For example, if the provider is investigating the possibility of appendicitis, he/she may feel the area of the appendix with a finger inserted into the vagina. This is because less muscle is there to interfere with the examination of the abdominal contents the female genitalia is rich with nerve fibers, and these examinations, properly performed, may be uncomfortable.

6. **Rectal (Both sexes):** A gloved finger is inserted into the rectum to see if there are any abnormal structures there or in the pelvis. In the male, a firm rubbery organ called the prostate is felt. During the examination of a woman, internal organs are felt between fingers simultaneously in the vagina and the rectum. After the rectal exam, it is common to test any substance on the glove to see whether there is any abnormal bleeding in the rectum.

7. This has been a brief description of some very common medical examinations performed in order to better treat you, our patient. If you have any questions please do not hesitate to ask your health care provider.

I have read and understand all of the above. I am aware, that if I have any questions during or after my visit, I can ask the provider or anyone of the staff for further information.

_____ _____

Patient Signature **Date**

_____

Parent of Guardian

_____

Witness