

LAWRENCE LIN MD FACOG: Gynecology, Urogynecology & Minimally Invasive Surgery

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PATIENT NAME: _____ **SS#** _____ **Date:** _____

NEW **ESTABLISHED** **CONSULTATION** **RACE:** _____ **DATE OF BIRTH:** _____ **AGE:** _____

Primary care physician: _____ other physician (s): _____ Referring physician: _____

Last Menstrual Period: _____ **CURRENT MEDICATIONS:** **NONE** **ALLERGIES to MEDS** **NONE**

Last PAP Smear: _____ 1). _____ 7). _____ 1). _____

Last Mammogram: _____ 2). _____ 8). _____ 2). _____

Last colorectal/hemoccult screening: _____ 3). _____ 9). _____ 3). _____

PROBLEM LIST: 1) _____ 4). _____ 10). _____ 4). _____

2). _____ 5). _____ 11). _____ 5). _____

3). _____ 6). _____ 12). _____ 6). _____

PRESENT ILLNESS (CHIEF COMPLAINT) : **Location; Quality; Severity; Duration; Timing; Context; Modifying Factors; Associated Signs and Symptoms**

PREVIOUS SURGERIES	OBSTETRIC HISTORY	PAST MEDICAL HISTORY	INJURIES/ACCIDENTS	IMMUNIZATIONS :
1) _____	_____	_____	_____	_____
2). _____	_____	_____	_____	_____
3). _____	_____	_____	_____	_____
4). _____	_____	_____	_____	_____
5) _____	_____	_____	_____	_____

FAMILY HISTORY: mother: living deceased - cause _____ **father:** living deceased - cause _____

BROTHER: # living _____ #deceased _____ cause(s) _____ **sister:** # living _____ #deceased _____ cause(s) _____

Diabetes _____ Stroke _____ Kidney disease _____

Breast cancer _____ Hyperlipidemia _____ Osteoporosis _____

Ovarian cancer _____ Hypertension _____ Endometriosis _____

Colon cancer _____ Heart disease _____ Thyroid Disease _____

SOCIAL HISTORY: Marital status: single married on _____ separated since _____ divorced since _____ widowed since _____

smoke packs daily _____ how long? _____ drugs use: type _____ alcohol _____ amount _____ watch diet: _____

coffee: cups daily _____ tea: cup daily _____ other caffeine _____ domestic violence: _____ regular exercise: _____

REPRODUCTIVE & SEXUAL HISTORY: **PREGNANCY HISTORY** **# TOTAL** _____

Your age at first period _____ are your periods: regular, irregular, painful, cramping, heavy, clotting, last > 7 days? **# full term** _____

of days between periods _____ # days of bleeding _____ # pads per day during heavy periods _____ Menopausal at age of _____ **# premature** _____

Do you have PMS? If yes, _____ days before periods, you are: anxious, moody, irritable, depressive, bloated overwhelm, **# miscarriages/abortions** _____

Can't concentrate, absentminded, sleepless, low energy, & craving of sweet, salty, caffeine, pop, or chocolates. **# adopted** _____

Intercourse problem: painful initial/deep penetration, bleeding, leaking urine, unable to reach orgasm, burning, spasm. **# living children** _____

Age at 1st intercourse _____ sexually active now Yes / No if yes, date last intercourse _____ **# ectopic pregnancies** _____

Any pain or discomfort with intercourse: _____ **# multiple births** _____

Did you/any partners ever have gonorrhea/syphilis/chlamydia/herpes/genital warts/HIV/hepatitis?

Current birth control method: tubal ligation/ vasectomy/ IUD/ pills/ patch/ ring/ shot/ condoms/ diaphragm/ sponge/ withdrawal/ none/ others

PLEASE CIRCLE YOUR ANSWERS (circle NEG if none, circle all individual symptoms applied if Yes) REVIEW OF SYSTEM

- 01. CONSTITUTIONAL NEG health problem, wt loss, wt gain, fever, chills, fatigue, loss of appetite, headache
- 02. EYES NEG vision change, glaucoma, eye disease, eye infection, glasses/contact, blur vision, double vision, cataract, macula degeneration
- 03. ENT/MOUTH NEG chancre, sinusitis, ear ringing, hearing loss, ear infection, bad breath, nose bleed, gum bleed, difficult swallowing
- 04. CARDIOVASCULAR NEG shortness of breath with walking or lying flat, chest pain. edema, heart trouble, palpitation, mitral valve prolapse
- 05. RESPIRATORY NEG wheezing, asthma, spitting up blood, shortness of breath, chronic cough,
- 06. GASTROINTESTINAL NEG ulcer, heartburn, bloody stool, constipation, flatulence, nausea/vomiting, diarrhea, pain, jaundice, lactose intolerance
- 07. GENITAL TRACT NEG painful sex, discharge, itching, burning, STDs, libido decreased, vaginal dryness, sexual dysfunction, abnormal bleeding,
- 08. URINARY TRACT NEG frequency, blood in urine, burning, painful, leaking urine when coughing or sneezing, incomplete emptying, kidney stone, urgency, can't hold urine >5-10 min., up at night to urinate _____ time (s), urinate _____ times in 24 hours. Urinary condition affecting household chores, recreation, traveling, emotion, intercourse, feeling frustration.
- 09. MUSULOSKELETAL NEG joint pain, stiffness, swelling, muscle weakness, difficulty walking, cold extremities, gout, fracture, injury, back pain,
- 10. SKIN/BREAST NEG breast pain, discharge, masses, skin rash, ulcers, itching, change in nails, hair or color, psoriasis, eczema, hives
- 11. NEUROLOGICAL NEG syncope, seizures, numbness, tingling sensations, trouble walking, tremors, paralysis, dizziness, fainting spells, stroke
- 12. PSYCHIATRIC NEG depression, crying, memory loss, nervousness, insomnia, confusion, irritability, mental illness, moodiness, phobias
- 13. ENDOCRINE NEG hot flashes, night sweat, diabetes, thyroid disease, dryer skin, heat/cold intolerance, hair loss, excessive thirsty/urination
- 14. HEMA/LYMPH NEG enlarged glands, slow to heal cut, past blood transfusion, bleeding or bruising tendency, anemia, phlebitis
- 15. ALLERGIC/IMMUNO NEG (BESIDES MEDICINE LISTED ABOVE)