



NEW PATIENT QUESTIONNAIRE

**Please fill out the form below. This information is part of your chart and will be kept confidential.*

Last Name: _____ First Name: _____ Middle Initial: _____

Name by which you are called: _____ Date: _____ Date of birth: _____

Date of last exam: _____ When did your last period start? _____ When did your previous period start? _____

When did you have your first period? _____ How many days pass between periods? _____

How long are your periods? _____ How many pads/tampons do you use on your heaviest day? _____

Do you have spotting between periods? Yes No If Yes, when did this start? _____

Do you take medications for menstrual cramps? Yes No If Yes, for how long have you taken this? _____

What do you use for contraception? _____ For how long have you used it? _____

List any problems you have experienced with this contraceptive: _____

What have you used in the past for contraception? _____

List any problems you have experienced with this contraception: _____

When was your last PAP smear? _____ What was the result? _____

Have you had an abnormal PAP smear? Yes No If Yes, when? _____ How was it treated? _____

Have you ever had any vaginal infections other than a yeast infection? Yes No If Yes, what? _____

Have you had pelvic pain? Yes No If Yes, how was it treated? _____

Have you been unable to conceive in the past? Yes No If Yes, what evaluation/treatment have you had? _____

Do you have hot flashes? Yes No Vaginal discharge? Yes No

Growths/sores inside/outside of the vagina? Yes No

Do you perform monthly breast self-examinations? Yes No Have you had a breast biopsy or surgery? Yes No

When was your last mammogram? _____ What was the result? _____

How many times have you been pregnant? _____ How many deliveries have you had? _____

How many cesarean sections? _____ Describe any complications of pregnancy? _____

List members of your immediate family (parents, brothers, sisters, children) with:

	Relative (sister, uncle, etc.)	Maternal side	Paternal side	Age at Diagnosis	Deceased from this cancer? If yes, at what age?	Age Now
Breast Cancer						
Cervical Cancer						
Ovarian Cancer						
Endometriosis						
Uterine Cancer						
Other Cancer						
Diabetes						
Hypertension						
Heart Disease						
Psychiatric Disorder						
Kidney Disease						
Tuberculosis						
Respiratory Disease						
Birth Defects						
Cystic Fibrosis						
Anemia						
Mental Retardation						
Tay Sachs						
Huntington Disease						

Use of DES						
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List any operations, when they were done, why they were done, and any complications: _____

List any medications you take as well as dosages: _____

List any medications to which you are allergic: _____

What is your occupation? _____ Do you use alcohol/tobacco/drugs? Yes No

What sources of stress do you have? _____ How often do you exercise? _____

What are your eating habits? _____ How much caffeine do you consume in a day? _____

Do you have any medical conditions not previously mentioned? _____

Please check any of the following which have been recent concerns of yours:

- Fever Chills Fatigue Night sweats Weight change Sleep disturbance Injury Heat/cold intolerance Appetite
- Rash Skin lumps Skin color change Changes in nails/hair Nose bleeds Joint pain Muscle weakness Headaches
- Dizziness Visual changes Passing out Hearing loss Loss of smell Hoarse voice Bleeding gums Swelling in neck
- Thirst Frequent urination Body hair Painful respiration Shortness of breath Wheezing
- Asthma Cough Chest pain Swelling High blood pressure Heart attack Heart murmur Low blood iron
- Blood clots Free bleeding Blood transfusions Lupus Nausea Vomiting Sore tongue Diarrhea Gallstones
- Change in stool color Rectal bleeding Hemorrhoids Hepatitis Yellow skin/eyes Dark urine Constipation
- Painful urination Getting up at night to urinate Kidney stones Involuntary loss of urine Tremor Memory loss
- Speech changes Seizures Depression Mood changes Tension Suicidal thoughts Exposure to chemicals
- Radiation exposure Abdominal pain

Are you under the care of another physician? _____

Are there any issues you wish to discuss not previously mentioned? _____