UNIVERSITY OF TEXAS PHYSICIANS CENTRAL TEXAS

OBSTETRICS & GYNECOLOGY
NEW PATIENT INFORMATION

Medical History

Date: _____ **My appointment is with:** _____

Patient Name: _____ **DOB:** _____ **Age:** _____

Reason for your visit today: _____

First day of last period: _____ **Do you have regular monthly periods?** Y / N

How often do your periods come? _____ **Age at first period** _____

Periods are: Mild Moderate Heavy **Cramps are:** Mild Moderate Severe

Drug Allergies: _____

Current birth control: _____

Age at first intercourse: _____ **Number of partners (lifetime):** _____

Are you having any libido changes? Y / N (please explain) _____

Do you have pain with intercourse? Y / N (please explain) _____

Sexual Preference: (please circ le) Heterosexual Homosexual Bisexual

Have you had a new sexual partner since last exam? Y / N **Do you desire testing for STDs?** Y / N

Have you ever had a sexually transmitted disease? Y / N (**c**ircle any that apply)

Gonorrhea Chlamydia Herpes Hepatitis B HIV Syphilis Genital Warts PID Trichomonas HPV

Do you use tobacco products? Y / N **About** _____ **cigarettes per day**

Do you drink alcohol? Y / N **About** _____ **drinks per week**

Are you experiencing any vaginal or urinary:

Discharge Odor Burning Itching Frequency Urgency Loss of Urine

Other: _____

For office use only:

Initials _____ Date _____

UNIVERSITY OF TEXAS PHYSICIANS CENTRAL TEXAS

OBSTETRICS & GYNECOLOGY
NEW PATIENT INFORMATION

Last Pap smear: _____/_____ **Results** _____

Have you ever had an abnormal pap smear? Y / N

If yes, please give year and any procedures _____

Last Mammogram _____/_____ **Results** _____

Have you ever had an abnormal mammogram? Y / N

If yes, please give year and any procedures _____

Do you do monthly breast exams? Y / N / Occasionally

Do you diet? Y / N **What type?** _____

Do you exercise? Y / N **How often & how long?** _____

Do you take Calcium? Y / N **If so, how much?** _____

Notes: _____

_____

Please list all surgeries / hospitalizations

Surgery / reason for hospitalization	**Date**

Rev. Dec. 2008

2008/09

For office use only:

_____ _____

Initials Date

UNIVERSITY OF TEXAS PHYSICIANS CENTRAL TEXAS

OBSTETRICS & GYNECOLOGY
NEW PATIENT INFORMATION

Please list all pregnancies

Year	Method of delivery	Gestational age	Sex	Weight	Comments / complications

Medical Problems

Date of Diagnosis	Medical Problem

For office use only:

Initials _____ Date _____

UNIVERSITY OF TEXAS PHYSICIANS CENTRAL TEXAS

OBSTETRICS & GYNECOLOGY
NEW PATIENT INFORMATION

Personal & Family History (mark all those that apply)

Disease	Self	Mother	Father	Maternal Grand-mother	Maternal Grand-father	Paternal Grand-mother	Paternal Grand-father	Brother / Sister	Other
Alcoholism									
Anemia									
Arthritis									
Asthma / lung problems									
Blood clots									
Bloody stools / colon polyp									
Cancer									
Diabetes									
Heart disease									
High cholesterol									
High blood pressure									
Kidney disease / UTIs									
Liver disease									
Loss of urine									
Mental illness									
Osteoporosis									
Seizures									
Stomach ulcers									
Stroke									
Thyroid disease									
Tuberculosis									
Other									

For office use only:

Initials _____ Date _____

UNIVERSITY OF TEXAS PHYSICIANS CENTRAL TEXAS

OBSTETRICS & GYNECOLOGY
NEW PATIENT INFORMATION

Review of Systems

Please indicate if you are having any current problems in the following areas by marking an X in the appropriate column.

General wellness	Y _____ N _____	Muscle / joints / bones	Y _____ N _____
Eyes	Y _____ N _____	Skin	Y _____ N _____
Ear, nose, throat	Y _____ N _____	Neurological	Y _____ N _____
Heart / circulation	Y _____ N _____	Psychiatric	Y _____ N _____
Lungs / breathing	Y _____ N _____	Endocrine	Y _____ N _____
Stomach / digestion	Y _____ N _____	Blood / lymph	Y _____ N _____
Reproduction / urinary	Y _____ N _____	Allergies	Y _____ N _____

Completed by: _____ **Signature:** _____ **Date**: _____

Reviewed by: _____ **Provider Signature:** _____ **Date**: _____

For office use only:

Initials _____ Date _____