LOUISIANA WOMEN'S Healthcare

HEALTH HISTORY FORM

Name:________________________________**Date:**__________ **Reason for Today's Visit**____

PLEASE LIST

Allergies	Current Medications	Previous Surgery

SCREENING TESTS

Test	Date/Year	Normal	Abnormal	HAVE YOU EVER HAD THE FOLLOWING:	
Pap Smear				❒ High Blood Pressure	❒ Seizures
Mammogram				❒ Heart Disease	❒ Hepatitis/Jaundice
Bone Scan				❒ TB	❒ Thrombophlebitis/Blood Clots
Colon Cancer				❒ Diabetes	❒ Sexually Transmitted Diseases
Cholesterol				❒ Asthma	❒ Any other serious illness/injury

Personal History:

Do you eat a well balanced diet? ______________

Do you drink alcohol? ______________

Have you ever been treated for alcoholism?________

Do you have a history of drug abuse? ____________

Have you every been treated for drug abuse?_______

Do you smoke? ________________

Do you exercise? ________________

Do you feel rested after sleep?____________

Have you recently experienced domestic violence or feel threatened?

____

Menstrual History:

Age first period began ______________

Cycle length (example 28 days) ______________

Number of days of flow ______________

How old were you when you had your first full term pregnancy______

Date last period began ________________

Irregular periods? ________________

Bleed between periods? ________________

Heavy flow/clots/cramps? ________________

PREGNANCY HISTORY

Year of Delivery	Full Term	Premature	Stillborn	Miscarriage	Abortion	C-section	Vaginal Del.	VBAC	List Complications i.e. High Blood Pressure, Tubal Pregnancy, Gestational Diabetes, etc.	Sex of Child	Weight of Child
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			
	❒	❒	❒	❒	❒	❒	❒	❒			

FAMILY HISTORY

Family Member	Illnesses or Medical Conditions	Age at Death	Cause of Death
Mother			
Father			
Maternal Grandmother			
Maternal Grandfather			
Paternal Grandmother			
Paternal Grandfather			

WHO IN YOUR FAMILY (Living or Deceased) HAS OR HAD THE FOLLOWING:

Cancer	Inherited Diseases	Diabetes
Breast Cancer	**Birth Defects**	**Epilepsy**
Ovarian Cancer	**Sickle Cell Anemia**	**Heart Disease**
Uterine Cancer	**Mental Retardation**	**High Blood Pressure**
Other Female Cancer	**Any other inherited diseases**	**Mental Illness**
Colon Cancer		**TB (Tuberculosis)**