

Name _____

FAMILY HISTORY

Have your grandparents, parents, uncles, aunts, brothers, sisters, or children ever been treated for:

Check () Yes or No, if Yes Indicate Who.

Yes No

- Cancer
- Diabetes
- Tuberculosis
- Heart disease
- Kidney trouble
- High blood pressure
- Hayfever
- Asthma
- Epilepsy

Yes No

- Nervous breakdown
- Glaucoma
- Severe deafness
- Blood disease
- Nervous disorders
- Muscular disorders
- Hepatitis
- HIVorAIDS

Name _____
 Name _____
 Name _____

MENSTRUAL HISTORY

Check () Yes or No. Fill in blank spaces where appropriate.

Do you menstruate? Yes No

Up to this time periods have been:

Regular Somewhat irregular Completely irregular

If periods have been regular, the interval between periods ranges in length from _____ to _____ days.

If periods have been irregular, the interval between periods ranges in length from _____ to _____ days.

Menstrual flow usually lasts for a total of _____ days.

Menstrual flow now is: Scant Moderate Heavy Excessive

Do you usually have clots with your periods? Yes No

Are your periods painful? Yes No

If painful: Mild Moderate Severe Incapacitating

Do you ever have bleeding or spotting between periods? Yes No

Do you ever have any bleeding or spotting following sexual intercourse? Yes No

Do you ever have any pain with sexual intercourse? Yes No

Was your last period normal? Yes No

Last menstrual period occurred on _____

The previous menstrual period occurred on _____

Menstruated the first time at age of _____

At first periods were: Regular Irregular

If NOT menstruating, stopped at age of _____

Have you had any bleeding or spotting since menstruation stopped? Yes No

Do you ever have any vaginal discharge? Yes No

Have you ever had a cancer (Pap) smear made? Yes No Date _____ Place _____ Normal? Yes No

Have you missed any periods without being pregnant? Yes No How many? _____

Have you missed any periods at this time? Yes No How many? _____

Contraception used? Yes No If Yes, indicate method: _____

Used always without fail _____ Used most of the time _____ Used some of the time _____