PATIENT QUESTIONNAIRE

DATE

NAME

Date **o**f **B**irth:

DRUG ALLERGIES: NONE

REASON FOR VISIT

PAST MEDICAL & FAMILY HISTORY

Please "X" if you (pers) or any blood relative (fam) has/had any of the following conditions

	PERS	FAM		PERS	FAM
1. HEADACHES / MIGRAINE			13. URINARY INFECTIONS		
2. DISEASE: HEART VALVULAR, RHEUMATIC . .			14. BLOOD TRANSFUSIONS		
3. HIGH BLOOD PRESSURE			15. ANEMIA		
4. HIGH CHOLESTEROL			16. BLOOD CLOTS/BLEEDING DISORDER		
5. CANCER (indicate type)			17. SKIN DISEASE		
6. BREAST DISEASE			18. DIABETES		
7. JAUNDICE / HEPATITIS			19. THYROID DISEASE		
8. HIATAL HERNIA (REFLUX)			20. RESPIRATORY DISEASE . . . . . PULMONARY (LUNG)		
9. PEPTIC ULCER (STOMACH)			21. EPILEPSY / NEUROLOGICAL DIS .		
10. BOWEL DISEASE			22. ARTHRITIS / JOINT PAIN		
11. KIDNEY DISEASE/STONE/INFECTION .			23. OSTEOPOROSIS		
12. URINARY INCONTINENCE			24. ANXIETY / DEPRESSION		

SURGERIES

List All Surgeries (Inpatient / Outpatient / Office Procedures - Excluding Pregnancy)

YEAR	Inpatient / Outpatient / Office Procedure	YEAR	Inpatient / Outpatient / Office Procedure

MEDICATIONS

List All Medications You Are Currently Taking (Dosage, Frequency) – Include Over The Counter Drugs

MENSTRUAL HISTORY

DATE OF LAST PERIOD (1ST DAY)? _____ AGE AT FIRST PERIOD: _____

PERIODS ARE: REGULAR / SOMEWHAT IRREGULAR / COMPLETELY IRREGULAR

PERIOD INTERVAL # of days? (1st day to 1st day) [ ]

DURATION OF BLEEDING? from _____ to _____ days

BLEEDING (SPOTTING) IN BETWEEN PERIODS? Y N WITH YOUR PERIODS –DO YOU HAVE? PAIN CRAMPS BLOATING

TIME LOST FROM SCHOOL / WORK BECAUSE OF PERIODS Y N

BIRTH CONTROL

Current Method: None Tubal Ligation Vasectomy IUD Ring Condom Pill Other ____

Past Methods: Comments/Problems? Nexplanon Depo Provera

SEXUAL HISTORY

Are You Sexually Active Y N w/ men women both | Is Intercourse Satisfactory Y N | Pain/Bleeding with Intercourse Y N | Wish to Discuss Y N

Sexually Active Since Age: | # of Partners: | New partner within last 12 months: Y N

PELVIC EXAM

Date of Last Exam: | Pap Test: Date of Last Test: | Normal Abnormal | Prior treatment for abnormal Pap: Cryosurgery LEEP Laser

INFECTIONS

History of: Yeast Infections Herpes Bacterial Infection Bladder/Urinary Infections Trichomonas Chlamydia Gonorrhea

BREASTS

Do You: Routinely Check Your Breasts? Y N Have any: Pain Tenderness Lumpy Breasts

Have any Nipple Discharge? Y N

OBSTECTRIC HISTORY

Number Of: Pregnancies _____ Premature Babies _____ Miscarriages _____ Abortions _____ Living Children _____

BORN MO/YEAR	WEEKS PREG	WT	SEX	TYPE OF DELIVERY	REMARKS	BORN MO/YEAR	WEEKS PREG	WT	SEX	TYPE OF DELIVERY	REMARKS
1.						4.					
2.						5.					
3.						6.					

MENOPAUSAL HISTORY

If Applicable: Hot Flashes Y N Treatment:

SOCIAL HISTORY

SMOKING: _____cig/day # years_____ **ALCOHOL**: _____drinks/week **CAFFEINE**: _____cups/day

STREET DRUGS? **EXERCISE:**

WHEN WAS YOUR LAST TEST OR IMMUNIZATION?

	DATE		DATE
Bone Density		Pneumonia	
Colonoscopy / Sigmoidoscopy		Flu Shot	
Mammogram		Tetanus (DTAP)	

CONFIDENTIALITY-ABUSE QUESTIONNAIRE

Due to the type of practice we have at *West Des Moines OB-GYN,* we feel it is important to ask you the following questions. Please DO NOT be offended by these questions. The number of women in abusive situations is increasing dramatically. We want to help be part of the solution

Are you afraid of your partner or anyone else?

Are you in danger from a current or past partner?

Does your partner ever punish the children or pets when he is angry at you?

Have you ever been forced to have sex with your partner?

Is someone you love, and who loves you, hurting you?

Within the last year, have you been hit, slapped, kicked or otherwise physically hurt by someone?

If you answered "yes" to any of these questions, you may be in an abusive situation and we would like to help. Please indicate how we may contact you if talking in the office is not an option, or take the phone numbers below with you. NO ONE deserves to be abused. Please ask for help.

Iowa Domestic Abuse Hotline **1-800-942-0333**

Family Violence Center **1-515-243-6147**