



medical clinic

MEMORIAL REGIONAL HEALTH

Obstetrics & Gynecology

Office: (970) 826-8230 ■ Fax: (970) 826-8249
750 Hospital Loop ■ Craig, CO 81625

Final EDD: _____

Date: _____

GYN Intake

GYN Patient Intake History – 1

If you are uncomfortable answering any questions, leave them blank; you can discuss them with your doctor or nurse.

Name _____ Birth Date _____ Age _____

Spouse/Partner Name _____ HIPPA Form signed to release info to spouse/partner? _____

Spouse's Day Phone _____ Father Involved? _____

Emergency Contact Person/Relationship _____

Newborn's Physician _____

Preferred Pharmacy _____ Pharmacy Phone Number _____

Gynecologic History

Age Periods Began _____ First Day of Last Period _____

of Days Bleeding w/ Period _____ # of Days Between Periods _____

Recent Changes in Period _____ Abnormal Bleeding? _____

Have you ever used an IUD or birth control pills? If yes, for how long? _____

Date of Last PAP test _____ Result of Last PAP test _____

Have you ever had an abnormal PAP test? _____ Regular breast self-examinations? _____

GYN Patient Intake History – 2

Past Pregnancies (last 6)

No.	DOB	Sex (M/F)	Weeks Pregnant	Type of Delivery	Any Complications/Comments
1					
2					
3					
4					
5					
6					

Number of Pregnancies _____ Number of Miscarriages _____ Number of Live Births _____

Number of Abortions _____ Number of Living Children _____ Number of Premature Births (<37 weeks) _____

IMMEDIATE FAMILY MEDICAL HISTORY

	Self-Yes	Which Relative(s) & Age of Onset	Physician Notes
Diabetes			
Stroke			
Heart Disease			
Blood Clots (Lungs or Legs)			
High Blood Pressure			
High Cholesterol			
Osteoporosis			
Hepatitis			
HIV/AIDS			
Tuberculosis			
Birth Defects			
Drinking/Drugs			
Breast Cancer			
Colon Cancer			
Ovarian Cancer			
Uterine Cancer			
Mental Illness			
Depression			

Comments:
