Heart of Illinois Obstetrics & Gynecology

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HEALTH HISTORY SUMMARY

Patient Name: **DOB:** **Age:** **Date:**

☐ New Patient
☐ Consult
☐ Established Patient
Referring Physician/ Primary Care Physician:

Married/Years_____ S W D Sep Spouse/Significant Other_____
Race_____ Religion_____
Education GED HS SC CD GD Other_____
Occupation: (Adolescent) Lives with:

SOCIAL HISTORY

Smoking	☐ No ☐ Yes ☐ Former Smoker PPD **Vaping** Y or N
Alcohol	☐ No ☐ Social Drinks per week/month
Street Drugs	☐ No ☐ Yes Notes:
Exercise	☐ **No** ☐ Yes _____ Days per Week
Nutrition	☐ Excel ☐ Good ☐ Poor Notes:
Safety	Seatbelt ☐ Yes ☐ History of Abuse

ALLERGIES **NONE**

Latex ☐ IV Dye ☐ PCN ☐ Sulfa ☐	
Other:	

CURRENT MEDICATIONS /SUPPLEMENTS

HOSPITALIZATION/SURGICAL HISTORY (please list procedure/hospitalization and year)

☐ **NONE**	

GYNECOLOGIC HISTORY Last Menstrual Period: ☐ Hysterectomy ☐ BSO ☐ Menopause

Age First Menses:	Menses every _____ days	Length:	Amount:	**Cramps: ☐ No ☐ Yes** **Meds:**	Clots: ☐ No ☐ Yes
Pap Smear History: ☐ Normal ☐ Abnormal Year of last Pap smear: Year of Abnormal pap:					Currently Sexually Active: Y/N
Method of Contraception:					Total # of past sexual partners:

PREGNANCY HISTORY **NONE**

#	Year	Sex	Weight	Weeks	Type of delivery	Pregnancy or Delivery Complications
1						
2						
3						
4						
5						
6						
7						
8						

PERSONAL/FAMILY HISTORY	**Patient**	**Family Member**	**None**		**Patient**	**Family Member**	**None**
Birth Defects/Genetic Disorders				Pulmonary problems			
Diabetes				Kidney- urinary problems			
↑ Cholesterol				Musculoskeletal problems			
High Blood Pressure				Vein Problems			
Stroke				Anemia/Bleeding problems			
Heart Disease				Blood Transfusions			
Thyroid Disorders				Infectious diseases			
Osteoporosis/Osteopenia				Tuberculosis			
Seizure Disorders				STDs			
Autoimmune Disorder				Rheumatic fever			
Mental Disorders				Infertility			
Endometriosis/Other History				Other History			

CANCER HISTORY **Family Member/**age of diagnosis/living or deceased ☐ **NONE**

Female (breast, ovarian, uterine, cervical)
Other (colon, skin)