NAME_______________________________________ DATE_______________________

1. What brings you here today? Why did your doctor refer you?

____

2. What is the first day of your last menstrual cycle? (First day of bleeding)__________________________
If currently in menopause, please skip to question 6
3. How many days from the first day of one bleed to the first day of the next bleed?

____

4. Do you have a problem with heavy periods or pain with your periods? Please describe

____

5. What do you use for birth control? (eg..birth control pill, condom, tubal ligation, vasectomy)

____

6. Are you currently in menopause?__________Have you ever taken any hormone replacement? Which medication and how long did you take it/ have you been taken it?

____

7. Have you bled since menopause? When and how much?_____________________________________

____

8. When was your last pap smear? Was it normal?____

9. Have you ever had an abnormal pap smear and if so, how long ago and what was the outcome?

____

10. Have you ever had a sexually transmitted infection? If so, what did you have?

____

11. How many pregnancies have you had? ____

12. What happened in each pregnancy? Did you give birth, have a miscarriage, an abortion? Did you have any problems in the pregnancy or with birth?____

____

13. Are you safe from physical harm? _____Yes _____No

14. Do you have any problems with your bowels or bladder? If so what?

____

15. Do you have any medical problems? (eg… asthma, hypertension, depression, hypothyroid…..)

____

____

16. What surgeries have you had? ____

____

____

17. Do you take any medications? Which ones?_____________________________________

____

____

18. Do you have any allergies to medications or latex? What are you allergic to and what was your reaction?____

____

19. Do you have anyone in your family who has had ovarian, breast, endometrial or bowel cancer and what is the relationship to you?____

____

20. Do you smoke? If so, how much a day?____

21. How many alcoholic beverages do you drink in a week?___________________________

22. Do you use any recreational drugs? ____

23. Anything else I should know about you?_______________________________________

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