

Longs Peak Family Practice: Medical History Assessment/Update (female)

Name _____ Date _____

Medical

1. Please list any new medical problems since your last physical examination here?

2. Please list any medical concerns you wish to address at this visit?

3. Are you sexually active? Y N
5. Have you had a hysterectomy? Y N
6. Have you gone through menopause? Y N
If yes, do you have hot flashes or night sweats? Y N
Do you have any vaginal bleeding? Y N
7. If you have not gone through menopause-
Last menstrual period:
How often are your periods? How long?
Do you have bleeding between your periods? Y N
What form of birth control do you use?
8. Have you ever had an abnormal pap smear? N Y When?
9. When was your last pap smear?
10. Have you ever had an abnormal breast exam or mammogram? N Y When?
11. Do you do monthly self breast exams?
12. Do you have a vaginal discharge? Y N

Cancer Screening and Prevention

1. Have you ever had any rectal bleeding? Have you had your stools tested for blood recently?

2. Have you ever had a colonoscopy?
If yes, what did it show?

3. Do you take baby aspirin daily?

4. Have you ever had an exercise treadmill or other heart test performed? What & when?

Family History

Please list below if your relatives have had: heart disease, high blood pressure, high cholesterol, diabetes, strokes, cancer (esp. colon, breast, ovarian), or other significant problems. If they have died, include age and cause of death. *If you have done this here before, please only list updates since your last physical.*

Father
Mother
Sisters
Brothers
Children

Any other comments (everyone):