Longs Peak Family Practice

Longs Peak Family Practice: Female Medical History Assessment/Update

Name _____Date of Birth _____Date_____

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. Have you seen a specialist or other healthcare provider since your last visit? YES/NO
   If yes, who did you see and what for? (Please sign a Release of Information form at the front desk) _____
   _____

Over the past two weeks, how often have you:

4. Felt little interest or pleasure in doing things (circle one)
   0: not at all 1: several days 2: more than half the days 3: nearly every day
5. Felt down, depressed or hopeless (circle one):
   0: not at all 1: several days 2: more than half the days 3: nearly every day
6. Are you sexually active? YES/NO
7. Are you currently sexually active with more than one partner? YES/NO
   (Circle one): Male/ Female/ Both / N/A
8. Would you like STD/STI screening today? YES/NO
9. Have you had a hysterectomy? YES/NO
10. Have you gone through menopause? YES/NO
11. Do you have any abnormal vaginal bleeding? YES/NO
12. When was your last menstrual cycle? _____
13. What form of birth control do you use? _____
14. When was your last pap smear? _____
15. Have you ever had an abnormal pap smear? YES/NO If yes, when? _____
16. Do you do monthly self breast exams? YES/NO
17. When was your last mammogram? _____ Have you ever had an abnormal mammogram? YES/NO If yes, when and what were the results? _____
    _____
18. Have you had your stool tested for blood recently? YES/NO
19. Have you ever had any rectal bleeding? YES/NO
20. Have you ever had a colonoscopy? YES/NO If yes, when and what were the results?
    _____
21. Do you have any blood in your urine/urinary complaints? YES/NO
22. Do you take baby aspirin daily? YES/NO
23. Have you ever had an exercise treadmill or other heart test performed? YES/NO If yes, what test(s) & when? _____
24. Please list any **NEW** medical problems with your relatives since your last exam:
    Father: _____
    Mother: _____
    Siblings: _____
    Other: _____