

Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

**SCARSDALE MEDICAL GROUP, OB/GYN DIVISION**

Date of Appointment: \_\_\_\_\_

Age: \_\_\_\_\_

Last Menstrual Period: \_\_\_\_\_

Reason for visit: \_\_\_\_\_

**Medical History:** (Please check off all that apply )

- Clotting Disorder
- Blood Transfusion
- Psychiatric Disorder
- Neurologic Disorder
- Diabetes
- High Blood Pressure
- Heart Disease
- Asthma
- Thyroid Disorder
- Anemia
- Kidney Stones
- Liver/Gallbladder Disease
- High Cholesterol
- Cancer
- OTHER

**Surgical History:**

- Gynecologic surgery
- Obstetric surgery
- Breast surgery
- OTHER

**Obstetric History:** (Please indicate month/year, any complications, weeks of gestation, sex and weight where applicable)

- Total Number of Pregnancies \_\_\_\_\_
- Miscarriage \_\_\_\_\_
- Ectopic \_\_\_\_\_
- Vaginal Deliveries (Please indicate full term or preterm)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

- Cesarean Deliveries (Please indicate full term or preterm)

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**Gynecologic History:** (Please check off all that apply)

- Age of First Period \_\_\_\_\_
- Frequency of Periods \_\_\_\_\_
- Duration of Period \_\_\_\_\_
- Method of Birth Control \_\_\_\_\_
- STD
- Endometrial polyps
- Infertility
- Endometriosis
- 
- Abnormal PAP
  - colposcopy
  - Cryotherapy
  - LEEP
  - Cone biopsy
- Ovarian Cyst
- Fibroid
- OTHER

**Dates of Most Recent Tests:** (If applicable)

- PAP \_\_\_\_\_
- Mammogram \_\_\_\_\_
- Breast Sonogram \_\_\_\_\_
- Bone Density Scan \_\_\_\_\_
- Pelvic Sonogram \_\_\_\_\_
- Colonoscopy \_\_\_\_\_

**Medications:** (Please include dosages)

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Drug Allergies/Sensitivities:**

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**Social History:**

- Smoking
- Drugs
- Alcohol
- Occupation \_\_\_\_\_

**Family history:** (Please check off all that apply and explain)

- Breast Cancer
- Ovarian Cancer
- Colon Cancer
- Clotting Disorder /Bleeding Disorder
- Heart Disease
- High Blood Pressure
- Diabetes
- OTHER