



HEALTH VISIT QUESTIONNAIRE - DR. BARBI PHELPS-SANDALL, M.D. FACOG, M.Ed TODAY'S DATE:

|                      |                                       |                |
|----------------------|---------------------------------------|----------------|
| NAME:                | MARITAL STATUS: [S] [M] [W] [D] [SEP] | DATE OF BIRTH: |
| OCCUPATION/EMPLOYER: | SCHOOL/UNIVERSITY:                    | REFERRED BY:   |
| REASON FOR VISIT:    |                                       |                |

**PAST MEDICAL & FAMILY HISTORY** - PLEASE CHECK (X) IF YOU (PERS) OR A BLOOD RELATIVE (FAM) HAVE ANY OF THE FOLLOWING CONDITIONS

|                              | PERS | FAM |                            | PERS | FAM |
|------------------------------|------|-----|----------------------------|------|-----|
| 1. WT LOSS-GAIN              |      |     | 13.URINARY INFECTIONS      |      |     |
| 2. HEADACHES/MIGRAINES       |      |     | 14. BLOOD TRANSFUSIONS     |      |     |
| 3. HEART/VALVE/RHEUM.DISEASE |      |     | 15. ANEMIA/BLOOD DISORDER  |      |     |
| 4. HIGH BLOOD PRESSURE       |      |     | 16. SKIN DISEASE           |      |     |
| 5. HIGH CHOLESTEROL          |      |     | 17. DIABETES               |      |     |
| 6. RESPIRATORY/LUNG DISEASE  |      |     | 18. THYROID DISEASE        |      |     |
| 7. BREAST DISEASE            |      |     | 19. CANCER (TYPE)          |      |     |
| 8. JAUNDICE/HEPATITIS        |      |     | 20. EPILEPSY/SEIZURES      |      |     |
| 9. HIATAL HERNIA/REFLUX      |      |     | 21. ARTHRITIS/ JOINT PAIN  |      |     |
| 10. PEPTIC ULCER (STOMACH)   |      |     | 22.OSTEOPENIA/OSTEOPOROSIS |      |     |
| 11. BOWEL DISEASE            |      |     | 23. ANXIETY/DEPRESSION     |      |     |
| 12. KIDNEY DISEASE           |      |     | 24. SLEEP PROBLEMS         |      |     |

**HOSPITAL ADMISSIONS** - LIST THOSE OPERATIONS & SERIOUS ILLNESSES WHICH REQUIRED HOSPITALIZATION

| YEAR | REASON FOR ADMISSION / HOSPITAL | YEAR | REASON FOR ADMISSION / HOSPITAL |
|------|---------------------------------|------|---------------------------------|
|      |                                 |      |                                 |
|      |                                 |      |                                 |

**MEDICATIONS** - LIST ALL MEDICATIONS, VITAMINS, & SUPPLEMENTS YOU CURRENTLY TAKE (DOSE-FREQUENCY)-INCLUDE OVER THE COUNTER

|  |  |  | DRUG ALLERGIES |
|--|--|--|----------------|
|  |  |  |                |
|  |  |  |                |

**OBSTETRICAL HISTORY** (NUMBER OF) PREGNANCIES: LIVING CHILDREN: MISCARRIAGES: ABORTIONS:

**MENSTRUAL HISTORY** AGE AT FIRST PERIOD? \_\_\_\_\_ IF MENSTRUATING - DATE OF FIRST DAY OF LAST PERIOD? \_\_\_\_\_

REGULAR  
 PERIODS ARE:  SOMEWHAT REGULAR      PERIOD INTERVAL    *Number*      DURATION OF  
                    COMPLETELY IRREGULAR      (*1<sup>st</sup> day to 1<sup>st</sup> day*)    *of days?* \_\_\_\_\_    BLEEDING? FROM \_\_\_\_\_ TO \_\_\_\_\_ DAYS  
 BLEEDING/SPOTTING IN BETWEEN PERIODS: [Y][N] WITH YOUR PERIOD - DO YOU HAVE?: [PAIN] [CRAMPS] [BLOATING]  
 ANY PREMENSTRUAL SYMPTOMS?: [IRRITABILITY] [DEPRESSION] [ANXIETY] [BREAST PAIN]  
 TIME LOST FROM SCHOOL/WORK BECAUSE OF PERIODS?: [Y][N]

**BIRTH CONTROL** CURRENT METHOD: HOW LONG: IF PILL, BRAND: PAST METHODS:  
 COMMENTS/PROBLEMS:

**SEXUAL HISTORY** ARE YOU SEXUALLY ACTIVE? [Y][N] IS INTERCOURSE SATISFACTORY? [Y][N] PAIN/BLEEDING WITH INTERCOURSE? [Y][N]  
 WISH TO DISCUSS? [Y][N]

**PELVIC EXAM** DATE OF LAST EXAM?: DATE OF LAST PAP TEST?: RESULTS: [NORMAL] [ABNORMAL]

**INFECTIONS** AT PRESENT - ANY ABNORMAL VAGINAL DISCHARGE?: [Y][N] HISTORY OF ANY OF THE INFECTIONS BELOW:  
 [URINARY INFECTIONS] [YEAST INFECTIONS] [BACTERIAL INFECTIONS] [HERPES] [CHLAMYDIA] [GONORRHEA] [TRICHOMONAS]

**BREASTS** DO YOU - ROUTINELY CHECK YOUR BREASTS?: [Y][N] HAVE ANY - [PAINFUL] [TENDER] [LUMPY BREASTS]  
 HAVE ANY NIPPLE DISCHARGE? [Y][N] HAVE ANY OTHER CONCERNS?: [Y][N]

**SOCIAL HISTORY** SMOKING - CIG/DAY? \_\_\_\_\_ # YEARS? \_\_\_\_\_ ALCOHOL - OZ/WK? \_\_\_\_\_ STREET DRUGS? \_\_\_\_\_

