

**Carolina Gynecology PA**

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ DOB: \_\_\_\_\_

**Menstrual History**

Date of last period \_\_\_\_\_ Regularity \_\_\_\_\_ Birth control \_\_\_\_\_

**Obstetrical History**

Total Pregnancies \_\_\_\_\_ # Living \_\_\_\_\_ # Abortion \_\_\_\_\_ # Miscarriages \_\_\_\_\_

Date of Delivery \_\_\_\_\_ Type of Delivery \_\_\_\_\_ Complications \_\_\_\_\_ Child's Name \_\_\_\_\_ Weight \_\_\_\_\_

- 1.
- 2.
- 3.
- 4.

**Surgical History**

Surgery Performed/ Date of Surgery

- 1.
- 2.
- 3.
- 4.

**Medical History** (please write Pt for Patient and F for Family)

Heart Disease \_\_\_\_\_ Diabetes \_\_\_\_\_ Hypertension \_\_\_\_\_ STD's \_\_\_\_\_

Thyroids/Endocrine \_\_\_\_\_ Pulmonary Disease \_\_\_\_\_ GYN-abnormal Pap \_\_\_\_\_

Breast Problems \_\_\_\_\_ Hepatitis \_\_\_\_\_ Kidney Disease \_\_\_\_\_

Uterine Fibroids \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Anemia/blood disorder \_\_\_\_\_

Mental/emotional \_\_\_\_\_ Phlebitis/DVT \_\_\_\_\_ Breast/Ovarian cancer \_\_\_\_\_

**Other Medical History:**

**Medications:**

**Social History**

Married \_\_\_\_\_ Drugs \_\_\_\_\_ Tobacco \_\_\_\_\_ ETOH \_\_\_\_\_

**Drug Allergies**