



# Ob-Gyn Specialists

A division of BASS Medical Group

women caring for women

Patient's Name: \_\_\_\_\_

Patient's DOB: \_\_\_\_\_

## Patient History

Medical History		Date(s)	Details
Abnormal Pap	[ ] YES [ ] NO		
Anemia	[ ] YES [ ] NO		
Anesthetic Complications	[ ] YES [ ] NO		
Asthma	[ ] YES [ ] NO		
Bleeding Disorder	[ ] YES [ ] NO		
Breast Problems	[ ] YES [ ] NO		
Coronary Artery Disease	[ ] YES [ ] NO		
Depression/Anxiety	[ ] YES [ ] NO		
Diabetes	[ ] YES [ ] NO		
Herpes	[ ] YES [ ] NO		
HIV/AIDS	[ ] YES [ ] NO		
Hypertension	[ ] YES [ ] NO		
Infertility	[ ] YES [ ] NO		
Kidney Disease	[ ] YES [ ] NO		
Liver Disease	[ ] YES [ ] NO		
Lupus	[ ] YES [ ] NO		
Postpartum Depression	[ ] YES [ ] NO		
Rh Incompatibility	[ ] YES [ ] NO		
Seizures	[ ] YES [ ] NO		
Sickle Cell Anemia	[ ] YES [ ] NO		
Thyroid Disease	[ ] YES [ ] NO		
Trauma / Violence	[ ] YES [ ] NO		
Varicosities / Phlebitis	[ ] YES [ ] NO		
Other			
<b>Surgical History</b>			
Abdomen Surgery	[ ] YES [ ] NO		
Appendectomy	[ ] YES [ ] NO		
Breast Enhancement	[ ] YES [ ] NO		
Breast Reduction	[ ] YES [ ] NO		
Cholecystectomy	[ ] YES [ ] NO		
C-Section	[ ] YES [ ] NO		
Endometrial Ablation	[ ] YES [ ] NO		
Exploratory Laparotomy	[ ] YES [ ] NO		
Fibroid Removal (myomectomy)	[ ] YES [ ] NO		
Genital Wart Removal	[ ] YES [ ] NO		
Gynecologic Cryosurgery	[ ] YES [ ] NO		
LEEP	[ ] YES [ ] NO		
Mastectomy	[ ] YES [ ] NO		
Weight Loss Surgery	[ ] YES [ ] NO		
Other			

Family History Relationship	Status	Breast Cancer	Colon Cancer	Ovarian Cancer	Other Cancer	Diabetes	Eclampsia	Hypertension	Miscarriages	Preterm Labor	Stroke
Paternal Grand Father											
Paternal Grand Mother											
Maternal Grand Mother											
Maternal Grand Father											
Father											
Mother											
Brother											
Sister											
Other											

Social									
Alcohol Use [ ] YES [ ] NO		[ ] Glasses wine per week		[ ] Cans Beer per week		[ ] Shots of liquor per week		[ ] Drinks containing .5 oz. of alcohol per week	
Tobacco use: packs per day		[ ] Never	[ ] ¼	[ ] ½	[ ] 1	[ ] 1 ½	[ ] 2	[ ] 3	[ ] Other
Tobacco use: # of years		[ ] ½	[ ] 1	[ ] 2	[ ] 3	[ ] 4	[ ] 5	[ ] 10	[ ] 15
Smokeless Tobacco		[ ] YES [ ] NO	Comment:						
Drug Use		[ ] YES [ ] NO	Comment:						
Drug Type: (please circle)		Amphetamines Amyl Nitrate/Poppers Anabolic Steroids Barbiturates Benzodiazepines 'Crack' Cocaine Cocaine Codeine	Fentanyl Flunitrazepam GHB Hashish Heroin Hydrocodone Hydromorphone Ketamine	LSD Marijuana MDMA (Ecstasy) Mescaline Methamphetamines Methaqualone Methylphenidate Morphine	Nitrous Oxide Opium Oxycodone PCP Psilocybin (Shrooms) Solvent Inhalants Other				

Sexually Active	Partners	Birth Control Protection		
[ ] YES [ ] NO	[ ] Male [ ] Female	Abstinence Withdrawal (pull out) Birth Control Pills Condom Diaphragm Injection	IUD [ ] Mirena [ ] ParaGard [ ] Skyla Nexplanon NuvaRing Patch Post-Menopausal Rhythm (Natural Family Planning)	Spermicide Sponge Tubal Ligation Vasectomy Other None



**Medication Allergies**

Medication	Reaction
1.	
2.	
3.	
4.	
5.	

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Today's Date