

Wayne Women's Clinic

OBSTETRICS & GYNECOLOGY • GOLDSBORO, NC

GYN QUESTIONNAIRE

Please print and take to your appointment

When did your last period start? _____

How old were you when you began having periods? _____

How often do you have a period? _____

How many days do you bleed? _____

Current birth control method _____

Have you ever had any of the following problems?

Diabetes _____ Yes _____ No

High blood pressure _____ Yes _____ No

Heart disease _____ Yes _____ No

Lung disease (Asthma, TB, pneumonia) _____ Yes _____ No

Kidney or bladder infections _____ Yes _____ No

Cancer _____ Yes _____ No

Ulcers _____ Yes _____ No

Liver disease (hepatitis) _____ Yes _____ No

Thyroid disease _____ Yes _____ No

Seizures _____ Yes _____ No

Anemia _____ Yes _____ No

Psychiatric or nervous disease _____ Yes _____ No

VD (gonorrhea, syphilis, herpes,
Chlamydia) _____ Yes _____ No

Problems with pap smears _____ Yes _____ No

Arthritis _____ Yes _____ No

How much do you smoke? _____

How much alcohol do you drink? _____

Medication allergies/type of reaction _____

Blood transfusion _____ Yes _____ No

Surgery (list operations including minor surgery) _____

Any other problems (list here) _____

Pregnancy history: (Please list each pregnancy date, baby sex and weight, delivering doctor, problems in the pregnancy or at delivery)

Date	Sex	Weight	Doctor	Problems
1-				
2-				
3-				
4-				
5-				
6-				
7-				

Family history

Mother: age _____ medical problems _____

Father: age _____ medical problems _____

Sisters: _____ medical problems _____

Brothers: _____ medical problems _____

Any other family medical problems we need to know about? (Cancer, diabetes, heart, high blood pressure, thyroid, kidney, etc) _____
