# **Health History Form**

Name:								DOB:			
Women's Wellness	Center	requests t	his inform	nation for t	he purpos	e of provi	ding patient ca	are. No p	persons	outside of	Women's Wellnes
		Center	are provid	ded with th	nis informa	tion witho	out a signed re	lease of	records.		
Reason for today's vi											
Primary Care Provide	er:				<del></del>	Pharmac	y:				
Please list the dates	of vour n	nost recer	ıt·		Flu Shot		Pan Smear		Pneum	onia <sup>.</sup>	
Mammogram:				сору:			rap sinear nsity:				
			00.0			20020.	.5.0,1		( .		
Please list your medi	cations,	including	over the o	counter:		Please lis	t all allergies,	including	food al	lergies:	
Medication		Dose	Frequen	су		M	edication/Foo	d	Reactio	n	
					-						
					_						
C											
Gynecological His		-443				Cinch day	- <b>6</b>	and a selec			
At what age did your How many days do y						First day	of your last pe	erioa:			_
Cycle: days do y	-			 nd to 1st d	ay of nevt	neriod)					
Are your periods reg		13t day Oi	iast perit	Ju 10 131 u	ay of fiext	periou	□ Yes	□ No	□ Varie	ς	
If postmenopausal, h		had anv b	leeding s	ince meno	pause?		□ Yes	□ No	- varie	5	
If postmenopausal, a					p		00				
During your periods,	_	-		_	, or heavily	·?					
Describe the intensit		-		-			□ None	□ Mild	□ Mode	erate	□ Severe
Do you experience pa	ain with	intercours	se?				□ Yes	□ No			
Are you currently usi	ng birth	control?					□ Yes	□ No			
							If yes please	specify: _			
How old were you w	hen you	had your	first child	?							
Were you on birth co	ontrol at	the time of	of concep	tion?							
Have you ever had a	ny of the	following	? (please	check yes	or no, if ye	es include	date)				
				HPV			□ No	Endome	triosis	□ Yes	□ No
Gonorrhea	□ Yes			Gardasil	□ Yes		□ No	Infertilit			
Chlamydia			□ No	Fibroids	□ Yes		□ No	Ovarian	Cysts	□ Yes	□ No
Other, please specify: _											
Obatatuia History	_										
<b>Obstetric History</b> How many times hav		on progn	n+2				□ Never				
How many of your ch							□ Never				
			iuii teriii:				□ Yes	□ No	If so he	w many?	
Were any of your children premature? Have you ever had a miscarriage, stillborn child, or abortion?						□ Yes	□ No				
Have any of your chil		_		or abortio			□ Yes	□ No	11 30, 110	ow many.	
	=	sseu away	:				□ 1es				
Past Pregnancies	<u> </u>	1	1	I			ı	ı	1		
Date of Delivery	# of	Gestational	Gender	Baby's	Type of	Length of	Labor Epidural	Place of		Problems/	'Complications
•	Fetuses	Age		Weight	Delivery	Labor		Delivery			-
	1	<del>                                     </del>		-	1	<del>                                     </del>			1		
	1										
	1		L					1			

#### **Personal and Family Medical History**

Maternal = Mother's side Paternal = Father's side

MGM = maternal grandmother MGF = maternal grandfather PGM = paternal grandmother PGF = paternal grandfather

	Self	Mom	Dad	Sister	Brother	MGM	MGF	PGM	PGF	other	Specify if other
Diabetes Type I											
Diabetes Type II											
Hypertension											
Stroke											
Blood Clot in Legs											
_											
Blood Clot in Lungs											
Heart Disease											
Heart Attack											
High Cholesterol											
Thyroid Problems											
Rheumatoid Arthritis											
Lupus											
Osteoporosis											
Varicose Veins											
Endometriosis											
Birth Defects											
Multiple Gestation											
Anesthesia Problems											
Kidney Problems											
Frequent UTIs											
Liver Disease											
Hepatitis											
HIV/AIDS											
Neurologic Problems											
Mental Illness											
Anxiety											
Depression											
Dementia											
Seizures/Epilepsy											
Migraines											
Asthma											
Tuberculosis											
Lung Problems											
Digestive problems											
Cancer:											
Breast											
Ovarian											
Uterine											
Cervical											
Colon											
Liver Cancer											
Thyroid											
Lung											
Other											

ghest level of education: e you:		ed □ No mber of dr	If yes, number of years  □ Full time  inks per week
ighest level of education: re you: □ Single □ Married □ Divorced o you drink alcohol?  ow many days in the past year have you had heavy drinking consumption? (4+ o you use street drugs?	□ Widowe □ Yes If yes, nur - drinks)	ed □ No mber of dr	
lighest level of education: are you:	□ Widowe □ Yes If yes, nur - drinks)	ed □ No mber of dr	
Do you drink alcohol? How many days in the past year have you had heavy drinking consumption? (4+ Do you use street drugs?	□ Yes If yes, nui · drinks) _	□ No mber of dr	inks per week
Do you drink alcohol? How many days in the past year have you had heavy drinking consumption? (4+ Do you use street drugs?	□ Yes If yes, nui · drinks) _	□ No mber of dr	inks per week
How many days in the past year have you had heavy drinking consumption? (4+ Do you use street drugs?	If yes, nui drinks) _	mber of dr	inks per week
How many days in the past year have you had heavy drinking consumption? (4+ Do you use street drugs?	drinks) _		inks per week
o you use street drugs?			
	⊓ Yes		
\re you currently sexually active?	□ 1C3	□ No	
and you carried containly active.	□ Yes	□ No	
Have you ever been sexually active?	□ Yes	□ No	
If yes please circle: Men Women Both			
Oo you use protection with intercourse?	□ Yes	□ No	
Number of sexual partners in the past year Number o	of sexual p	artners in	lifetime
Do you use your seatbelt?	□ Yes	□ No	
Any personal history of abuse? (please circle)	□ Yes	□ No	
	physical	mental	sexual
Do you feel safe in your home?	□ Yes	□ No	
Do you have guns present in your home?	□ Yes	□ No	
Oo you drink caffeine?	□ Yes	□ No	If so, how much?
	□ heavy		
s your general stress level:			
,	□ Yes	□ No	
If so, please explain			
5 <i>1</i>	□ Yes	□ No	
re you adopted ?	□ Yes	□ No	

## **Symptoms/Conditions**

Please check what symptoms you currently have or have had in the past year.

Flating	General	Gastrointestinal	Muscoskeletal
Weight Gain	□ Fatigue	□ Heartburn	☐ Muscle aches
Weight Loss	□ Recurrent fever	□ Difficulty swallowing	□ Muscle weakness
Skin   Bowel changes   Neurological   Headaches   Rashes   Dizzyness   Headaches   Rashes   Constipation   Dizzyness   Rectal bleeding   Loss of consciousness   Consciousness   Rectal bleeding   Loss of consciousness   Consciousness   Learning loss   Genito-Urinary   Numbness   Seizures   Sinus problems   Blood in the urine   Seizures   Seizures   Sinus problems   Abnormal bleeding   Recurrent sore throat   Flank pain   Psychological   Shorting   Depression   Depressio	☐ Weight Gain pounds	□ Nausea	□ Joint pain
Skin   Bowel changes   Neurological   Changes in moles   Diarrhea   Headaches   Diarrhea   Headaches   Diarrhea   Diarrhea   Diarrhea   Diarrhea   Diarrheas   Dia	☐ Weight Loss pounds	□ Vomiting	□ Back pain
□ Changes in moles □ Diarrhea □ Diarrhea □ Dizzyness □ Dizzyness □ Rectal bleeding □ Loss of consciousness □ Weakness □ Rectal bleeding □ Loss of consciousness □ Weakness □ Rectaring loss □ Blood in the urine □ Selzures □ Sinus problems □ Abnormal bleeding □ Blood in the urine □ Selzures □ Blood in the urine □ Sinus problems □ Recurrent sore throat □ Flank pain □ Psychological □ Dry mouth □ Dry mouth □ Lack of bladder control □ Alcoholism □ Mouth ulcer □ Rash □ Sleep disturbances □ Lesion □ Respiratory □ Vaginal discharge □ Lymphatic □ Shortness of breath □ Vaginal odor □ Swollen glands □ Persistent Cough □ Vaginal itching/irritation □ Bruise easily □ Sputum □ Tension □ Intehing □ Runny nose □ Cardiovascular □ Tension □ Intehing □ Hives □ Hives □ Intehing □ Hot flashes □ Night sweats □ Vaginal dremory □ Impaired memory □ Impaired memory □ Impaired memory □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE		□ Abdominal pain	
Rashes	Skin	□ Bowel changes	Neurological
Rectal bleeding	☐ Changes in moles	□ Diarrhea	□ Headaches
Ear, Nose, Mouth, and Throat    Hearing loss	□ Rashes	□ Constipation	□ Dizzyness
□ Hearing loss □ Earache □ Blood in the urine □ Seizures □ Sinus problems □ Recurrent sore throat □ Rache □ Lack of bladder control □ Alcoholism □ Mouth ulcer □ Rash □ Lesion  Respiratory □ Vaginal discharge □ Lymphatic □ Shortness of breath □ Vaginal door □ Persistent Cough □ Persistent Cough □ Rachet Rachet □ Select Disturbances □ Swollen glands □ Swoll		□ Rectal bleeding	□ Loss of consciousness
□ Earache □ Blood in the urine □ Seizures □ Sinus problems □ Abnormal bleeding □ Recurrent sore throat □ Flank pain Psychological □ Depression □ Dry mouth □ Lack of bladder control □ Alcoholism □ Sleep disturbances □ Lesion □ Vaginal discharge □ Swollen glands □ Swollen glands □ Persistent Cough □ Vaginal itching/irritation □ Bruise easily □ Sputum □ Irritability □ Runny nose  Cardiovascular □ Tension □ Itching □ Runny nose □ High blood pressure □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Ear, Nose, Mouth, and Throat		□ Weakness
□ Recurrent sore throat □ Flank pain □ Psychological □ Psychological □ Psychological □ Psychological □ Psychological □ Psychological □ Dry mouth □ Lack of bladder control □ Alcoholism □ Mouth ulcer □ Rash □ Sleep disturbances □ Lesion □ Persistent Cough □ Vaginal discharge □ Lymphatic □ Persistent Cough □ Vaginal itching/irritation □ Bruise easily □ Sputum □ Wheezing □ Irritability □ Runny nose □ Itching □ Irritability □ Runny nose □ Itching □ Irregular heartbeat □ Depression □ Psepressure □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Night sweats □ Night sweats □ Impaired memory □ Impaired Impaired Decreased Ilibido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	☐ Hearing loss	Genito-Urinary	□ Numbness
□ Recurrent sore throat □ Snoring □ Dry mouth □ Lack of bladder control □ Mouth ulcer □ Rash □ Lesion  Respiratory □ Vaginal discharge □ Lymphatic □ Swollen glands □ Persistent Cough □ Irritability □ Runny nose  Cardiovascular □ Irregular heartbeat □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dyness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	□ Earache	☐ Blood in the urine	□ Seizures
□ Snoring □ Trouble urinating □ Depression □ Alcoholism □ Alcoholism □ Sleep disturbances □ Lesion □ Lesion □ Swollen glands □ Swollen glands □ Sputum □ Vaginal discharge □ Immunolgoic □ Irritability □ Runny nose □ Irregular heartbeat □ Depression □ Perssion □ Resparating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	☐ Sinus problems	□ Abnormal bleeding	
Dry mouth	☐ Recurrent sore throat	□ Flank pain	Psychological
Mouth ulcer	□ Snoring	☐ Trouble urinating	□ Depression
Respiratory   Vaginal discharge   Lymphatic   Swollen glands   Persistent Cough   Vaginal itching/irritation   Bruise easily   Sputum   Impaired memory   Bloating   Prequent sinearing   Brooker	☐ Dry mouth	☐ Lack of bladder control	□ Alcoholism
Respiratory   Vaginal discharge   Swollen glands   Persistent Cough   Vaginal itching/irritation   Bruise easily   Sputum   Immunolgoic   Immunolgoic   Runny nose   Immunolgoic   Privability   Runny nose   Immunolgoic   Prespiration   Prespiration   Runny nose   Prespiration   Prespiration   Runny nose   Prespiration   Runny nose   Prespiration   Runny nose   Prespiration   Runny nose   Runny	☐ Mouth ulcer	□ Rash	□ Sleep disturbances
□ Shortness of breath □ Vaginal odor □ Persistent Cough □ Sputum □ Wheezing □ Irritability □ Runny nose □ Irregular heartbeat □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Immunolgoic □ Runny nose □ Runny nose □ Hives □ Hives □ Hives □ Hives □ Hot Flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE		□ Lesion	
□ Persistent Cough       □ Vaginal itching/irritation       □ Bruise easily         □ Sputum       □ Immunolgoic         □ Wheezing       □ Tension       □ Itching         □ Cardiovascular       □ Tension       □ Itching         □ Itching       □ Hives         □ Itregular heartbeat       □ Depression       □ Frequent sneezing         □ High blood pressure       □ Breast pain/tenderness       □ Bloating         □ Overwhelmed feeling       □ Hot flashes       □ Night sweats         □ Vaginal dryness       □ Impaired memory         □ Impaired concentration       □ Decreased libido         □ Orgasmic dysfunction       □ Pain with intercourse     RNONE	Respiratory	□ Vaginal discharge	Lymphatic
Sputum   Wheezing	☐ Shortness of breath	□ Vaginal odor	☐ Swollen glands
Wheezing	☐ Persistent Cough	☐ Vaginal itching/irritation	☐ Bruise easily
Cardiovascular	□ Sputum		
Cardiovascular	□ Wheezing	Endocrine	Immunolgoic
□ Chest pain □ Anxiety □ Hives □ Irregular heartbeat □ Depression □ Frequent sneezing □ High blood pressure □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	=		
□ Irregular heartbeat □ Depression □ Frequent sneezing □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	6	□ Irritability	□ Runny nose
□ High blood pressure □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	-		-
□ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular	□ Tension	□ Itching
<ul> <li>Overwhelmed feeling</li> <li>Hot flashes</li> <li>Night sweats</li> <li>Vaginal dryness</li> <li>Impaired memory</li> <li>Impaired concentration</li> <li>Decreased libido</li> <li>Orgasmic dysfunction</li> <li>Pain with intercourse</li> </ul> NONE	Cardiovascular   Chest pain	<ul><li>□ Tension</li><li>□ Anxiety</li><li>□ Depression</li></ul>	□ Itching □ Hives
<ul> <li>□ Hot flashes</li> <li>□ Night sweats</li> <li>□ Vaginal dryness</li> <li>□ Impaired memory</li> <li>□ Impaired concentration</li> <li>□ Decreased libido</li> <li>□ Orgasmic dysfunction</li> <li>□ Pain with intercourse</li> </ul> ■ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul><li>□ Tension</li><li>□ Anxiety</li><li>□ Depression</li><li>□ Breast pain/tenderness</li></ul>	□ Itching □ Hives
□ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul><li>□ Tension</li><li>□ Anxiety</li><li>□ Depression</li><li>□ Breast pain/tenderness</li></ul>	□ Itching □ Hives
□ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul><li>□ Tension</li><li>□ Anxiety</li><li>□ Depression</li><li>□ Breast pain/tenderness</li><li>□ Bloating</li></ul>	□ Itching □ Hives
□ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul> <li>□ Tension</li> <li>□ Anxiety</li> <li>□ Depression</li> <li>□ Breast pain/tenderness</li> <li>□ Bloating</li> <li>□ Overwhelmed feeling</li> <li>□ Hot flashes</li> </ul>	□ Itching □ Hives
□ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul> <li>□ Tension</li> <li>□ Anxiety</li> <li>□ Depression</li> <li>□ Breast pain/tenderness</li> <li>□ Bloating</li> <li>□ Overwhelmed feeling</li> <li>□ Hot flashes</li> <li>□ Night sweats</li> </ul>	□ Itching □ Hives
□ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	<ul> <li>□ Tension</li> <li>□ Anxiety</li> <li>□ Depression</li> <li>□ Breast pain/tenderness</li> <li>□ Bloating</li> <li>□ Overwhelmed feeling</li> <li>□ Hot flashes</li> <li>□ Night sweats</li> <li>□ Vaginal dryness</li> </ul>	□ Itching □ Hives
□ Orgasmic dysfunction □ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory	□ Itching □ Hives
□ Pain with intercourse □ NONE	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration	□ Itching □ Hives
□ NONE	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido	□ Itching □ Hives
	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives
Signature:          Date:	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives
Signature: Date:	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives □ Frequent sneezing
Signature: Date:	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives □ Frequent sneezing
Signature:	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives □ Frequent sneezing
	Cardiovascular  Chest pain Irregular heartbeat	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction	□ Itching □ Hives □ Frequent sneezing
Interpreter Signature:	Cardiovascular  Chest pain Irregular heartbeat High blood pressure	□ Tension □ Anxiety □ Depression □ Breast pain/tenderness □ Bloating □ Overwhelmed feeling □ Hot flashes □ Night sweats □ Vaginal dryness □ Impaired memory □ Impaired concentration □ Decreased libido □ Orgasmic dysfunction □ Pain with intercourse	□ Itching □ Hives □ Frequent sneezing  □ NONE

## \*\*\*This page is for pregnant patients only\*\*\*

#### **Genetics Screening**

This includes the patient.	baby's tather.	and anvone	in either tamily.

Patient age 35 or older	□ Yes	□ No
Thalassemia (Italian, Greek, Mediterranean, or Asian background)	□ Yes	□ No
Neural tube defect (meningomyelocele, spina bifida, or anencephaly)	□ Yes	□ No
Congenital heart defect	□ Yes	□ No
Down Syndrome	□ Yes	□ No
Tay-Sachs (eg: Jewish, Cajun, French Canadian)	□ Yes	□ No
Canavan disease	□ Yes	□ No
Sickle Cell Disease or trait (African)	□ Yes	□ No
Hemophilia	□ Yes	□ No
Muscular Dystrophy	□ Yes	□ No
Cystic Fibrosis	□ Yes	□ No
Huntington's Chorea	□ Yes	□ No
Mental Retardation/Autism	□ Yes	□ No
if yes, was person tested for Fragile X?	□ Yes	□ No
Other inherited genetic or chromosomal disorder	□ Yes	□ No
Maternal Metabolic Disorder (eg, Type 1 Diabetes, PKU)	□ Yes	□ No
Patient or baby's father had a child with birth defects not listed above	□ Yes	□ No
Spontaneous miscarriage or stillbirth	□ Yes	□ No
Have you used medication/street drugs/alcohol since last period?	□ Yes	□ No
if yes, please list		
Any other genetic histories	□ Yes	□ No
if yes, please list	2 .03	2110
Infection History:		
This includes only the patient		
Do you live with someone with TB or have you been exposed to TB?	□ Yes	□ No
Do you or your partner have a history of genital herpes?	□ Yes	□ No
Have you had a rash or viral illness since your last menstrual period?	□ Yes	□ No
Do you have a history of sexually transmitted diseases?	□ Yes	□ No
Do you have any reason to believe you are at high risk for HIV?	□ Yes	□ No
Do you have any reason to believe you are at high risk for Hepatitis B?	□ Yes	□ No
Have you been immunized against Hepatitis B?	□ Yes	□ No
Do you have a history of Pelvic Inflammatory Disease (PID)?	□ Yes	□ No
Do you have a history of infections of your tubes or ovaries?	□ Yes	□ No
Have you had any problems with this pregnancy (bleeding, cramping, headaches,	. visual problems, va	nginal discharge, etc)?